

***Kutztown University  
College of Education***

**Teacher Intern Certification Program Application**

**Program Entry:**

**Please check one intern certification program:**

**Name:** \_\_\_\_\_

**Kutztown University ID#:** \_\_\_\_\_

**KU E-mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Non-KU Personal Email:** \_\_\_\_\_

**Current Home Address:** \_\_\_\_\_

**School District:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Superintendent or school representative Email:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Mentor Name:** \_\_\_\_\_

**Mentor Phone Number:** \_\_\_\_\_

**Mentor Email:** \_\_\_\_\_

**TESTING:** Please attach your required testing score reports (ETS or Pearson).

## Proof of Employment Form

### *Clinical Experience Office, Kutztown University*

This form is required when a Post-Baccalaureate or M.Ed. student is eligible to enter an internship program at Kutztown University.

#### Section to be Completed by Kutztown University Student:

*Semester & Year:* \_\_\_\_\_

*I am employed at:* \_\_\_\_\_

*Grade/Subject:* \_\_\_\_\_

#### ***By signing this form, I agree to the following:***

- *I agree to submit copies of any clearances my place of employment has on file. Clearances do not need to be dated within the past year.*
- *I am employed at the above school and if I can no longer complete my field work there I will notify the Clinical Experience Office immediately.*
- *I affirm that all information provided in this form is true accurate and complete to the best of my knowledge.*

*Signature of KU student* \_\_\_\_\_

*Date:* \_\_\_\_\_

#### Section to be Completed by Employer HR Representative or Administrator:

*I verify that the following is true:*

KU Student Name: \_\_\_\_\_

Is currently employed at: \_\_\_\_\_

Superintendent or school representative: \_\_\_\_\_

KU Student's Position: \_\_\_\_\_

The following clearances are on file in our offices which meet or requirements for clearances.  
(Check all that apply. If not required by your school, please put N/A besides it.)

- ☐ **ACT 34 – PA Criminal Background Check**
- ☐ **ACT 114 – FBI Fingerprinting**
- ☐ **ACT 151 – Child Abuse History Clearance**
- ☐ **TB Test**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only**

**Add internship cert. program code:**

- ☐ Art Education - TCGARECINTN
- ☐ Library Science – TCG\_LBSC\_INTN
- ☐ Elementary Education – MED\_EEPK\_INTN
- ☐ Second Education – MED\_SCED\_INTN
- ☐ Special Education – TCG\_SPED\_P12I

**Delete post-bacc. cert. program code:**

- ☐ Art Education - TCGAREC
- ☐ N/A
- ☐ N/A
- ☐ N/A
- ☐ Special Education – TCG\_SPED\_PK-12

**Department Chair/Program Leader:** \_\_\_\_\_

**Clinical Experience Representative:** \_\_\_\_\_

**Dean, College of Education:** \_\_\_\_\_

**Certification Officer:** \_\_\_\_\_

**Registrar's Office Representative:** \_\_\_\_\_