

***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).

PREVIEW ONLY
VOID

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
- Special Education – TCG_SPED_P12I

Delete post-bacc. cert. program code:

- Art Education - TCGAREC
- 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: _____

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