Kutztown University
College of Education
Experience-Based Certification Program Application

Program Entry:

Please check one Experience-Based 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 experience-based certification 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.)
- o **ACT 34 – PA Criminal Background Check**
- o **ACT 114 – FBI Fingerprinting**
- o **ACT 151 – Child Abuse History Clearance**
- o **TB Test**

_____

Signature: **Date:**

Office Use Only

Add Experience-Based cert. program code: **Delete post-bacc. cert. program code:**

☐ Art Education - **TCGARECINTN**   ☐ Art Education - **TCGAREC**

☐ Library Science – **TCG_LBSC_INTN**   ☐ N/A

☐ Elementary Education – **MED_EEPK_INTN**   ☐ N/A

☐ Second Education – **MED_SCED_INTN**   ☐ N/A

☐ Special Education – **TCG_SPED_P12I**   ☐ Special Education – **TCG_SPED_PK-12**

Department Chair/Program Leader: _____

Clinical Experience Representative: _____

Dean, College of Education: _____

Certification Officer: _____

Registrar's Office Representative: _____