TEACHER EDUCATION

Preclinical and Student Teaching Application Guidelines for Undergraduate Candidates

- Submit fully completed and signed application materials as described on the application and retain these guidelines for your reference.

- If you are employed in the school or district where you plan to complete preclinical and/or student teaching, please submit a completed and signed Employment and Placement Confirmation form with your application materials (form is included in this packet). **Note:** Your request to be placed at the school where you are employed will be pursued ONLY if this signed form is submitted as part of your application packet.

- Make a copy of the completed application packet for your records before submitting it to the Office of Field and Clinical Experiences.

- Only complete application packets (including all checked boxes and signatures) submitted by published deadlines will be accepted and processed. **Late applications, that is, applications submitted after the deadline, and those submitted without all signatures, will not be accepted or processed.**

- Candidates who have met all requirements except for passing Praxis I, must submit Praxis I registration confirmation as evidence that results will be received in November for subsequent spring placements or July for subsequent fall placements. Candidates in this category will receive tentative placements which will either be confirmed or withdrawn depending on Praxis I results.

- North Carolina Department of Public Instruction’s Health Certificate must be submitted to assigned school prior to beginning student teaching.

- Proof of current professional liability insurance must be emailed to ofce@wssu.edu by the time application materials are submitted. One of the following options may be used to obtain liability insurance:
  - Student North Carolina National Association of Educators [https://www.nea.org/JoinNea](https://www.nea.org/JoinNea)
  - Specialty area professional organization
  - Place of employment

- Criminal Background Check (CBC) report from [Castlebranch.com](https://www.castlebranch.com) obtained within six months of the start of preclinical/student teaching (See CBC guidelines contained in this application packet). Incidents on CBC will be shared with the school/district as part of the placement request process.

- A preclinical placement will be immediately followed by student teaching the very next semester, so candidates will not need to reapply for student teaching placement if they proceed directly into student teaching without stopping out for a semester or more. Candidates in this category will be provided an update form to complete and submit to the Office of Field and Clinical Experiences the semester before entering student teaching.
If a candidate does not successfully complete preclinical or student teaching, or if a candidate drops out of preclinical or student teaching for any reason, that candidate will be required to reapply for placement and meet application deadlines for any subsequent placement.
Employment and Placement Confirmation Form

**Important Note:** A fully completed and signed form must be submitted by students who wish to do early field experiences, preclinical, or student teaching in classrooms or schools in which they are employed.

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Major: ___________________________</th>
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</thead>
<tbody>
<tr>
<td>Banner ID: ______________________</td>
<td>Semester: ________________________</td>
</tr>
<tr>
<td>Phone: __________________________</td>
<td>Rams Email: _______________________</td>
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</tbody>
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**Type of Experience Sought**
(Check all appropriate boxes)
- [ ] Course-related early field experiences
- [ ] Preclinical
- [ ] Student Teaching

**Employing District and School:**

- **Position during field experience:**
- **Grade(s) taught:**
- **Subject(s) taught:**
- **Major/License Area:**

**Field Experience Course(s):**

<table>
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<tr>
<th>Principal’s/Director’s Information:</th>
<th>Name:</th>
<th>Phone Number:</th>
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<td>Email:</td>
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<table>
<thead>
<tr>
<th>Cooperating Teacher’s Information:</th>
<th>Name:</th>
<th>Phone Number:</th>
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<tbody>
<tr>
<td></td>
<td>Email:</td>
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</table>

**Principal’s/Director’s Approval:**

I permit ___________________________ to use his/her classroom to fulfill requirements for early field experiences, preclinical, or student teaching as outlined above and in accordance with program guidelines and expectations described in the Field Experiences, Preclinical and Student Teaching Handbook. I also certify that the candidate has a clear health record, background check, and liability insurance (as applicable) on file (Please cross out those documents that you are not able to verify).

**Principal’s/Director’s Signature:** ___________________________ **Date:** ___________________________

**Cooperating Teacher Approval (Preclinical and Student Teaching Only):**

I permit ___________________________ to complete early field experiences, preclinical or student teaching in my classroom where s/he is employed. I agree to allow him/her to assume teaching responsibilities as outlined in his/her program and in accordance with guidelines described in the Field Experiences, Preclinical and Student Teaching Handbook.

**Cooperating Teacher’s Signature:** ___________________________ **Date:** ___________________________

**Student Approval:**

I wish to complete early field experiences, preclinical, or student teaching (circle all that apply) in the classroom where I am employed. I have secured the necessary approvals above.

**Student’s Signature:** ___________________________ **Date:** ___________________________
STUDENT INSTRUCTIONS FOR WSSU TEACHER EDUCATION

About CertifiedProfile.com

CertifiedProfile is a secure platform that allows you to order your background check online. Once you have placed your order, you may use your login to access additional features of CertifiedProfile, including document storage, portfolio builders and reference tools. CertifiedProfile also allows you to upload any additional documents required by your school.

Order Summary

- Required Personal Information
  - In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.

- Payment Information
  - At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a $10 fee and an additional turn-around-time.

Place Your Order

Go to: [https://www.castlebranch.com](https://www.castlebranch.com) and click on “Students” then enter package code: WC50

You will then be directed to set up your CertifiedProfile account.

View Your Results

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as “In Process” until it has been completed in its entirety. Your school’s administrator can also securely view your results online with their unique username and password.

If you have any additional questions, please contact Student Support by Phone (888) 914-7279 or Email: studentservices@certifiedprofile.com.
Candidate Name: ________________________________  Banner ID: ____________

**Teacher Education**

**Preclinical and Student Teaching Application for Undergraduate Candidates**

(NOTE: The Preclinical Experience directly precedes Student Teaching)

**Pre-requisites:** Successful completion of all required courses
Faculty Advisor and Program Coordinator Approval

Directions: Submit the following to the Office of Field and Clinical Experiences according to the dates below:
- Completed and signed application packet
- Educational resume (Visit Career Services for assistance in generating a professional resume
  -- 301 Thompson; 336-750-3240)
- Criminal Background Check (CBC) report from CertifiedBackground.com (obtained within 6 months of the start of the experience), including detailed explanation of any incidents listed on report.

<table>
<thead>
<tr>
<th>Preclinical Experience Semester</th>
<th>Application Due Date</th>
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<tbody>
<tr>
<td>Fall</td>
<td>March 30&lt;sup&gt;th&lt;/sup&gt; of the preceding semester</td>
</tr>
<tr>
<td>Spring</td>
<td>October 15&lt;sup&gt;th&lt;/sup&gt; of the preceding semester</td>
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**PRECLINICAL/STUDENT TEACHING APPLICATION CHECKLIST**

- □ Completion of required courses (Candidate provides unofficial transcript and program plan to faculty advisor)
- □ Minimum 2.7 cumulative G.P.A.
- □ Minimum 2.7 cumulative G.P.A. each semester since admission to teacher education
- □ Minimum grade of “C” in all professional education courses
- □ Candidate scheduled to complete Preclinical or Student Teaching next semester
- □ No grades of “I” in required courses in program of study
- □ Faculty advisor approval for preclinical/student teaching placement
- □ Already admitted to TEP  □ Awaiting ONLY Praxis I scores to gain TEP admission

**Documents to Be Submitted by Teacher Candidate to the Office of Field and Clinical Experiences**

- □ Word-processed Preclinical/Student Teaching Checklist (this form)
- □ Word-processed hard copy of Preclinical & Student Teaching Application
- □ Word-processed hard copy of educational resume
- □ Proof of current professional liability insurance coverage (emailed to ofce@wssu.edu by application deadline)
- □ Criminal background check report from Castlebranch.com (Incidents appearing on report may affect a school’s/district’s willingness to host a candidate and/or the candidate’s eligibility for a teaching license. Detailed explanation of any incidents appearing on the report must be submitted with application and will be shared with the school/district as part of the placement request process.)
- □ (For candidates with pending Praxis I results only) Praxis I registration confirmation as evidence that results will be received in November for subsequent spring placement or July for subsequent fall placement.

<table>
<thead>
<tr>
<th>Candidate Signature</th>
<th>Date</th>
<th>Faculty Advisor Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**DO NOT WRITE BELOW THIS LINE**

**Action Taken by Office of Field and Clinical Experiences**

- □ Eligible for Preclinical/Student Teaching Placement  □ Not eligible for Preclinical/Student Teaching Placement

Signature of Director of Field and Clinical Experiences __________________________ Date ________
Preclinical and Student Teaching Application for Undergraduate Candidates

Name: ___________________________ Banner ID#: ___________________________

Local Address

Telephone Numbers

(Street) ___________________________ (Home) ___________________________

(City/State/Zip) ______________________ (Cell) ___________________________

(Email) ___________________________

School District/Zone in which I live: ___________________________

School my children attend (if applicable): ___________________________

Advisor: ___________________________

Major ___________________________ Minor/2nd Course of Study ___________________________

Overall GPA: ______________________ Major GPA: ______________________

Licensure-Only Candidates: indicate area(s) of licensure: ___________________________

I am requesting to be placed for [ ] Preclinical or [ ] fulltime Student Teaching during the following year and semester:

Year: ___________________________ (Choose One): Fall [ ] Spring [ ]

Grades Preferred: 1st Choice [ ] 2nd Choice [ ] 3rd Choice [ ]

(but not guaranteed)

I plan to complete preclinical and student teaching in my place of employment at ___________________________
in grade(s)/subject(s) ___________________________

(Submit fully completed and signed Employment & Placement Confirmation Form)

I have met ALL preclinical/student teaching application requirements (Check One): [ ] Yes [ ] No

I have met all preclinical/student teaching application requirements except for passing Praxis 1 to gain admission to TEP: [ ] Yes [ ] No [ ] Not applicable

If “yes,” please attach Praxis I registration confirmation as evidence that you will receive your results by November (for spring placements) or July (for fall placements). Applications that do not include Praxis I registration confirmation will not be processed. If “no,” please apply later on when all application requirements are met.

In the grid below, list all courses you have left to take to successfully complete your program of study:

<table>
<thead>
<tr>
<th>Preclinical Semester</th>
<th>Final/Student Teaching Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Year</td>
</tr>
<tr>
<td>________________</td>
<td>________________</td>
</tr>
</tbody>
</table>

Course # & Prefix: ________________

A professor or Program Coordinator may recommend placement schools for individual candidates to OFCE

Signature of Student: ___________________________ Date: ______________________

Signature of Faculty Advisor: ___________________________ Date: ______________________

Signature of Program Coordinator: ___________________________ Date: ______________________