

Northwestern State University School of Education 2018-19 APPLICATION FOR ALTERNATE CERTIFICATION INTERNSHIP

Applications are due as follows:

- Internship applications for Fall semester must be received by March 15.
- Internship applications for Spring semester must be received by October 15.

(Please type.)

Semesters/years applying for: _____

Name: _____
Last First Middle/Maiden

NSU ID: _____

Permanent Address: _____

Home Telephone #: _____ **Cell Phone #:** _____

NSU Email Address: _____

Personal Email Address: _____

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Program (Choose one): _____PREP _____MAT _____Certification Only- Music

Certification Area (Choose one):

- _____ Early Childhood Education (Grades PK-3)
- _____ Elementary Education (Grades 1-5)
- _____ Middle School Education (Grades 4-8) – Content Area _____
- _____ Secondary Education (Grades 6-12) – Content Area _____
- _____ Mild/Moderate Special Education
 - _____ Elementary (Grades 1-5)
 - _____ Middle (Grades 4-8) – Content Area _____
 - _____ Secondary (Grades 6-12) – Content Area _____
- _____ Music Education

Teaching Assignment

I will be teaching during the _____ school year in the following position:

District/Parish: _____

School: _____

Grade Level(s): _____

Subject(s): _____

School Address: _____

School Phone #: _____

Principal: _____ Principal's Email: _____

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Plan for Completion of Degree/Program

Outline your anticipated class schedule (by semester) for the completion of your degree.

Year: _____ Semester: _____ Year: _____ Semester: _____

Course	Hrs	Course	Hrs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Praxis Requirements

Have you passed PRAXIS II PLT? _____ Yes _____ No

If yes, which test(s)? _____

If no, have you registered for it? _____ Yes _____ No

Test date: _____

➤ **Mild/Moderate Special Education applicants only:**

Have you passed PRAXIS Special Education: Core Knowledge exam? _____ Yes _____ No

If no, have you registered for it? _____ Yes _____ No

Test date: _____

Teaching Philosophy Statement: (Limit to 5-10 sentences.)

Please read and initial each statement.

_____ I understand that effective July 1, 2018, the Louisiana Department of Education, Bulletin 996, requires all alternate certification candidates to engage in 80 hours of actual practice experience in classrooms prior to beginning an internship and that I must provide written documentation of my completion of these hours. (See attached documentation form.)

_____ I understand that I must secure and provide evidence from your principal of a full-time teaching position in a school approved by the Louisiana Board of Elementary and Secondary Education (BESE), and I must be the teacher of record in the subject area/grade level I am pursuing for at least 50% of each instructional day during the two-semester internship.

_____ I understand that Northwestern State University policy allows for absences not in excess of 10% of the total class meetings per semester (7.5 days), and that extended personal or medical leave of more than the 7.5 days during a semester could require delaying or extending my internship.

I attest that the information in this application is accurate. I will notify the Office of Field Experience and Clinical Practice immediately should any information change.

Signature _____

Date _____

Completed applications should be faxed (318-357-6579) or emailed to Ms. Ramona A. Wynder (wynderr@nsula.edu), Office of Field Experience and Clinical Practice.

Documentation of Classroom Teaching Experience

Effective July 1, 2018, the Louisiana Department of Education, Bulletin 996, requires all alternate certification candidates to engage in 80 hours of actual practice experience in classrooms prior to their residency/internship. Complete this form as documentation of classroom experience for **one school**. Additional copies may be used to document experience in other schools. It is only necessary to document the most recent 80 hours. Each page must be signed for verification.

All information must be typed; however, electronic signatures are not allowed.

Candidate's Name: _____
Last First Middle/Maiden

NSU CWID: _____

Permanent Address: _____

Home Telephone #: _____ **Cell Phone #:** _____

NSU Email Address: _____

Personal Email Address: _____

Documentation of Classroom Teaching Experience- page 2

Next to the role(s) in which the teaching experiences occurred, document all information for one school. Please use a separate form to document experience at additional schools, if needed.

Position Held	District	School Name and Address	Grade Level(s) Taught	Date(s) of Employment	Total Hours Taught (Full day = 7)
Full-time teacher of record					
Long-term substitute					
Day-to-day substitute					
Paraprofessional					

I verify that the classroom teaching experiences submitted are accurate and that I completed all experiences as identified.

Signature of Candidate

Date

Please sign below to verify the teaching experience of the alternate certification candidate above. The above candidate has demonstrated the ability to: communicate and collaborate with students, colleagues, families, and community members to support students’ learning and development; and design and deliver effective instruction to all students, including students with exceptionalities and students in need of academic and non-academic intervention in regular education setting.

Printed Name of School/District Authority

Position

Signature of School/District Authority

Date