

NORTHWESTERN STATE UNIVERSITY- SCHOOL OF EDUCATION APPLICATION FOR ALTERNATE CERTIFICATION INTERNSHIP

(Please type and submit the application by March 15th.)

Semesters applying for: Fall 2020/Spring 2021

Name: _____
Last First Middle/Maiden

NSU CWID: _____

Permanent Address: _____

Cell Phone #: _____

NSU Email Address: _____

Personal Email Address: _____

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Program (Choose one): _____ 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

Plan for Completion of Degree/Program

Outline your anticipated class schedule for the completion of your degree. Please consult your academic advisor for assistance.

Semester/Year: _____

Semester/Year: _____

Course

Hrs

Course

Hrs

Praxis Requirements

Have you passed PRAXIS 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 I must secure a full-time teaching position in a Louisiana 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 I must submit the Verification of Internship Site and Teaching Assignment from your principal in order for my Internship eligibility to be finalized. (See attached form.)

_____ I understand that Northwestern State University policy allows for absences not in excess of 10% of the total class meetings per semester, and that extended personal or medical leave of more than the 7 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 Clinical Practice & Partnerships 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 Clinical Practice & Partnerships.

**NORTHWESTERN STATE UNIVERSITY OF LOUISIANA
SCHOOL OF EDUCATION
OFFICE OF CLINICAL PRACTICE & PARTNERSHIPS**

VERIFICATION OF INTERNSHIP SITE AND TEACHING ASSIGNMENT

In order to finalize the Candidate's Internship eligibility, the following information must be received by the Northwestern School of Education Office of Clinical Experiences by August

CANDIDATE NAME _____

CERTIFICATION CONTENT &
GRADE LEVEL _____

SCHOOL _____

DISTRICT _____

TEACHING ASSIGNMENT INFORMATION:

SUBJECT _____

GRADE LEVEL _____

PRINCIPAL NAME & SIGNATURE _____

DATE _____