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

Priority deadline for Fall: October 1st
Priority deadline for Spring: March 1st

Please type.

Semesters applying for:

Name: _____
Last **First** **Middle/Maiden**

NSU CWID: : _____

Permanent Address: _____

_____

Cell Phone #: _____

NSU Email Address: _____

Personal Email Address: _____

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

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**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Semester/Year: _____ **Semester/Year:** _____

Course	**Hrs**	**Course**	**Hrs**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Praxis Requirements

Have you passed PRAXIS PLT? _____ _____ **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.)

Type Here

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 understand that I must be mentored a minimum of 175 hours by a credentialed on-site mentor teacher my first year on a PL license. If conducting internship on a renewed PL you must provide a filled out Mentor Attestation form.**

_____**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** _____

Please provide your Academic Advisor's name and email address:

_____

I certify that this application has been fully completed with accurate information; that I have completed the required nine hours in my program to be eligible for a PL; and have passed the appropriate Praxis Content exam. Applicant's signature and date:_____

Completed applications should be emailed to Dr. Amber Hyatt at (hyatta@nsula.edu), Office of Clinical Practice & Partnerships. Please attach a

_____

professional head shot with application.

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 Practice prior to the first day of the semester for which you are applying.

CANDIDATE NAME: _____

CERTIFICATION CONTENT & GRADE LEVEL: _____

SCHOOL _____

DISTRICT _____

TEACHING ASSIGNMENT INFORMATION:

SUBJECT:_____

Bell Schedule signed by the principal or letter

principal that they will be teaching as a teacher of

record in their content area for at least 50% of the

instructional day.

GRADE LEVEL: _____

PRINCIPAL NAME:_____

PRINCIPAL EMAIL:_____

PRINCIPAL PHONE #:_____

DATE:_____

As the school administrator, I understand by initialing this statement, that the intern is required to have an on-site teacher mentor that holds the LDOE Mentor Teacher credential. Signature:_____