

# MUSKINGUM UNIVERSITY

## GRADUATE & CONTINUING STUDIES

### CLINICAL PRACTICE APPLICATION

The Clinical Practice Application can be completed on your computer by typing directly into the appropriate fields.

This form can be submitted via e-mail by clicking "SUBMIT" or by printing the completed form and returning it to Graduate & Continuing Studies.

#### Application deadlines for Clinical Practice placements:

Spring I placements: November 1

Spring II placements: January 1

Fall placements: May 15

Please check the correct term for which you are applying for Clinical Practice:

FALL  SPRING I  SPRING II Year: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Campus) \_\_\_\_\_ (Work) \_\_\_\_\_

(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Program:  MAE  MAT  MAP  Post Bac

Licensure Area:  EC  IS/MM  IS/MI  AYA  MC  Multi-Age

Subject Area(s) (AYA/MC/Multi-Age): \_\_\_\_\_

MAE Students, Previous Licensure Area(s) You Hold: \_\_\_\_\_

Expected Graduation Date (MM/YY): \_\_\_\_\_

What, if any, class(es) will you be taking concurrently with your Clinical Practice (not including the Clinical Practice Seminar Class)?

\_\_\_\_\_

<b>MAT/Post bac Students</b>	<b>Must have taken and passed all of the Praxis I and appropriate Praxis II content test(s)</b> before beginning Clinical Practice. Please request that E.T.S. send scores to ODE & Muskingum College and also provide Marla Hawthorne (MH211) with a photocopy of Praxis II content test results.
<b>ALL Students</b>	<b>Must have had BCI and FBI background checks completed within one year of beginning clinical practice.</b> A copy of BCI and FBI background reports must be submitted to Marla Hawthorne before Clinical Practice placement will be confirmed.
<b>MAT/MAP/Post bac Students</b>	Must have taken and passed the appropriate level Praxis PLT before graduating and applying for licensure.
<b>MAE Students</b>	Must have taken and passed the appropriate Praxis II content test(s) before applying for licensure.

<b>MAT &amp; MAE Students</b>	Must complete a Graduation Audit with Mrs. Nancy Bradley prior to the beginning of Clinical Practice.
	Date Scheduled: _____ Date Completed: _____

**MAT & MAE Students Currently Teaching:** Please list current job information.

*Please note that there is no guarantee that your current position will meet Clinical Practice placement requirements.*

District: \_\_\_\_\_ School: \_\_\_\_\_

Principal: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**MAT & MAE Students Currently Teaching:** Please list the name and any contact information of a possible certified/licensed cooperating teacher.

\_\_\_\_\_

**Intervention Specialist Students:** Please list the name and contact information of a Special Education certified/licensed teacher who might serve as your cooperating teacher. Also list the name and contact information of the Special Education Coordinator in the school district and/or county office.

\_\_\_\_\_



*Your information may be shared with potential placements upon their request.*

**MAE/MAT/MAP/Post Bac Students Not Currently Teaching:**

Please list below your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> preferences for Clinical Practice. You may NOT request a specific teacher. At least one of your choices must be located within Muskingum, Guernsey, Coshocton, or northern Noble or Morgan counties. Although we take all of your choices into consideration, we CANNOT guarantee a placement in any given choice.

**1<sup>st</sup> Choice:**

District: \_\_\_\_\_ School: \_\_\_\_\_

Principal: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**2<sup>nd</sup> Choice:**

District: \_\_\_\_\_ School: \_\_\_\_\_

Principal: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**3<sup>rd</sup> Choice:**

District: \_\_\_\_\_ School: \_\_\_\_\_

Principal: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_



**Please briefly outline your career objectives, telling us what you hope to bring to the educational setting:**



**Please briefly describe your background, including your initial degree(s), hobbies and professional interests:**