Creighton
U N I V E R S I T Y

APPLICATION FOR CLINICAL PRACTICE/STUDENT TEACHING

Applications for Clinical Practice/Student Teaching are due on or by OCTOBER 1 for SPRING candidates and by FEBRUARY 1 for FALL candidates. Please follow instructions and complete steps accurately to ensure placement as a teacher candidate/student teacher. Applications will not be accepted unless entire packet is complete.

*Please note: If the deadline falls on a weekend, applications are due the preceding Friday.

Steps to Complete:
- ☐ Complete all forms and deliver to Education Office (Eppley 450)
- ☐ Obtain an updated set of unofficial transcripts via Degree Works, which is accessible through NEST.
- ☐ If you have not had a recent background check (one completed within one calendar year) you will need to apply for an updated background check with OneSource (www.onesourcebackground.com) Remember this is a two part process: 1) submit online application and 2) complete DHHS form and bring it to the Education Office. It will be signed and faxed from there. Cost is $ 26.75.
- ☐ Apply for SEAN membership at www.nsea.org (meets the requirement for liability insurance). Cost is $50. Forward the confirmation email to Ms. Laurie Thake (LaurieThake@creighton.edu)
- ☐ Obtain an endorsement sheet from the Education Department to fill out and include with your application.
- ☐ Meet with your Education Advisor and/or Major Advisor to review application and acquire their signatures.

Email AprilBuschelman@creighton.edu or call 402.280.3583 to schedule a meeting to submit your COMPLETED, PRINTED or EMAILED application BEFORE October 1. This meeting is designed to review the application, answer any questions you may have, and discuss registration ($135+/-) for the PRAXIS II exam www.ets.org . "All candidates applying for certification in Nebraska must provide evidence they have taken the required content test and received the required passing score to have the endorsement placed on their Nebraska teaching certificate." (Nebraska Department of Education, Rule 24, effective September 1, 2015)

- ☐ Application for Clinical Practice, including
  - • Placement Requests
  - • Background Information
  - • Coursework/Advisor Signature(s)
  - • Autobiography
  - • SEAN coverage/Emergency contacts/Release form)

- ☐ SEAN Liability confirmation email
- ☐ DHHS form (Obtain from One Source Website)
- ☐ Confirmation of registration for Praxis II
- ☐ Endorsement Sheet (Sec. Ed. Only)
- ☐ Safe Environment Training (Catholic Schools Only)

Eligibility for Registration
Applicants must have:
- • Completed 96 hours and have senior standing
- • Completed prerequisite academic and professional courses
- • A 2.75 cumulative GPA while at Creighton
- • Clear background check
- • SEAN Liability insurance
- • Dependable transportation
- • Approval of the Education Department Selection and Retention Committee

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Creighton
UNIVERSITY

Education Department

APPLICATION FOR CLINICAL PRACTICE

Last Name:	First Name:	M.I.

Net ID:	Expected Graduation Date:

Which semester do you plan to complete your clinical practice experience?	Spring	Year:

Indicate Level & Endorsement	☐ Elementary Education	☐ Secondary Education, Field/Subject:	
Select Degree being Sought	☐ Undergraduate	☐ Graduate	☐ Certification only

Local Street Address:	City, State Zip:

CU Email:	Local/Cell Phone:

Permanent Address:	City, State Zip:

Other Email:	Home/Cell Phone:

Best phone number to reach you during semester break: _____

Do you have departmental approval to student teach in your second endorsed area (if applicable)?   Yes

Note: An oral interview by Education Faculty members <u>may</u> be required before you are permitted to student teach.

TEACHER CANDIDATE PLACEMENT REQUEST

Last Name: _____   First Name: _____   M.I. _____

Candidates are encouraged **NOT** to make specific requests when it comes to placements. (For example: Ms. Jane Doe's 2nd grade classroom at Creighton Elementary). Choose either public or Catholic Schools, not both.

Public School Request	
Name of School District = Omaha, Bellevue, Millard, Gretna, Elkhorn, Platteview, Papillion, Ralston, etc. **Millard and Papillion require an online application in addition to this one** *Grade request = primary (K-3), intermediate (4-6), middle (7-8), or secondary (9-12)*	
Name of District:	Grade/Subject: Primary (K-3)
Name of District:	Grade/Subject: Primary (K-3)
Name of District:	Grade/Subject: Primary (K-3)

Catholic School Request	
Grade request = primary (K-3), intermediate (4-6), middle (7-8), or high (9-12)	
1st Choice - Name of School:	Grade/Subject:
2nd Choice - Name of School:	Grade/Subject:
3rd Choice - Name of School:	Grade/Subject:

Which form of transportation do you plan to use during clinical practice?

Requirements:

Candidates are encouraged to save up money prior to their clinical practice so that work does not interfere with teaching responsibilities. Candidates **should not** take any other courses in conjunction with clinical practice and seminar (EDU 591/593).

The Creighton Education Department requires a full-day clinical practice experience for a minimum of 16 weeks for all initial teacher certification candidates for any combination of endorsements. Secondary students with a K-12 endorsement will student teach half of the semester at the elementary level and half of the semester at the secondary level.

The clinical practice experience officially starts at the beginning of Creighton's fall and spring semesters. However, candidates must contact their cooperating teachers to arrange to start their student teaching assignment as soon as their school/district has professional development – thus, **before** P – 12 students begin.

Any deviations from the above requirements must be approved by the Education Department Selection and Retention Committee. The request should be in writing and should be made the semester prior to the student teaching experience.

I understand that many factors impact student teaching placements, and I may be placed in a school and a grade/subject area other than those I requested above.

Signature of student to acknowledge above requirements: _____

If "signing" electronically: By typing my name in the box, I certify that the information I have provided on this application is true and accurate.

BACKGROUND INFORMATION

Last Name: _____   First Name: _____   M.I. _____

Education Background	
Name of High School:	City & State:
Dates of Attendance:	

Name of College/University: (Bachelor's Degree)	City & State:
Dates of Attendance:	Degree Attained:

Work Experience (List your two most recent positions if applicable)	
Name of Employer:	Dates Employed:
Location:	Work Performed:

Name of Employer:	Dates Employed:
Location:	Work Performed:

Practicum Experiences	
Name of School:	Semester & Year of Placement:
Location:	Grade/Subject:

Name of School:	Semester & Year of Placement:
Location:	Grade/Subject:

Name of School:	Semester & Year of Placement:
Location:	Grade/Subject:

Name of School:	Semester & Year of Placement:
Location:	Grade/Subject:

Extracurricular Activities Experience(s)

COURSE WORK – ELEMENTARY UNDERGRADUATE CANDIDATES

Last Name: _____   First Name: _____   M.I. _____

ELEMENTARY EDUCATION MAJORS: List below the courses that are in progress and/or you need to take before you graduate and an "expected" grade upon completion.

COURSE #	COURSE TITLE	HOURS	*GRADE

Overall GPA*: _____   Major GPA*: _____

*Estimate your GPA if it is not shown on your transcript.

Education Advisor Signature: _____   Date: _____

Teacher Candidate Signature: _____   Date: _____

COURSE WORK – SECONDARY UNDERGRADUATE CANDIDATES

Last Name: _____ First Name: _____ M.I. _____

SECONDARY EDUCATION CO- MAJORS: List below the courses that are in progress and/or you need to take before you graduate and an "expected" grade upon completion. Also, list any content deficiencies you have for your endorsement(s).

COURSE #	COURSE TITLE	HOURS	*GRADE

Overall GPA*: _____   Content Area or Co-Major GPA*: _____

*Estimate your GPA if it is not shown on your transcript.

Education Advisor Signature: _____ Date: _____

Content Major Advisor Signature: _____ Date: _____

Teacher Candidate Signature: _____ Date: _____

COURSE WORK – MASTERS OF EDUCATION CANDIDATES

Last Name: _____   First Name: _____   M.I. _____

M.Ed. Candidates (both Elementary and Secondary): List below the courses that are in progress and/or you need to take before you graduate and an "expected" grade upon completion. Also, list any content deficiencies you have for your endorsement(s).

COURSE #	COURSE TITLE	HOURS	*GRADE

GPA*: _____   Major GPA (Elementary): _____   Content GPA* (Secondary): _____

*Estimate your GPA if it is not shown on your transcript.

Education Advisor Signature: _____   Date: _____

Teacher Candidate Signature: _____   Date: _____

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AUTOBIOGRAPHY

Last Name: _____   First Name: _____   M.I. _____

In the space below, which may include additional pages, write an essay about yourself. This should be autobiographical in nature and should include your hobbies, plans, feelings and ideas about teaching. Make sure it is type-written and that grammar and spelling are correct.

Last Name: _____ First Name: _____ M.I. _____

PROOF OF INSURANCE
This is to certify that I have liability insurance coverage which covers the period of student teaching.
*SEAN meets this requirement.
Name of insurance company:
Policy/Membership number:

EMERGENCY CONTACT		
In case of an emergency whom should we contact?		
Name:		
Relationship to student:		
Home Phone:	Work Phone:	Cell Phone:

Name:		
Relationship to student:		
Home Phone:	Work Phone:	Cell Phone:

Do you have a history of fainting spells, seizures, comas, diabetic shock, or other physical disabilities and/or nervous disorders that might affect your assignment as a student teacher?	Yes

RELEASE FORM

Please fill in the blanks below.

I, _____ , hereby give my permission to the Education Department at Creighton University to share information

that I am part of the undergraduate program. My graduation/ completion month and year will be _____. My

primary endorsement area is _____ and my secondary endorsement area is (if applicable) is _____ .

Furthermore, I hereby give my permission to the Education Department at Creighton University to provide my

unofficial transcript, autobiography, and background information to potential clinical practice sites.

Signature of student to acknowledge above requirements: _____

If "signing" electronically: By typing my name in the box, I certify that the information I have provided on this
application is true and accurate.

REQUEST FOR PERMISSION TO TAKE A COURSE DURING STUDENT TEACHING

Normally, students do not take another course during the student teaching semester. If you do need to take a course during student teaching, please complete this section of the application. Be sure the course does not meet during the school day (M-F 7:30am-4:30pm) or prevent you from meeting all clinical practice expectations.

Department: Number: Course Title:

Credit Hours: Location: Time: