

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.

Eligibility for Clinical Practice

Applicants must have:

- Completed 96 hours and have senior standing
- Completed prerequisite academic and professional courses
- A 2.75 cumulative GPA while at Creighton

Steps to Complete:

- Complete application
- Obtain an updated set of unofficial transcripts via [Degree Works](#), which is accessible through NEST.
- If necessary, complete a recent background check (one completed within 12 months of beginning clinical practice) with OneSource. Cost is \$ 26.75. www.onesourcebackground.com. This is a two-part process: 1) submit OneSource online application and 2) submit state of Nebraska DHHS online form via OneSource link
- Meet with your Education and/or Major Advisor(s) to review degree progress and/or endorsements and acquire signatures or an email statement showing you did indeed meet, and you are all set for graduation
- If requesting a Catholic school placement, provide evidence (pdf/printed certificate) of Safe Environment Training as provided by the Archdiocese of Omaha. This can be found on the [CMG Omaha Website](#)
- Email AprilBuschelman@creighton.edu or call 402.280.3583 to schedule a meeting discuss your **COMPLETED, PRINTED or EMAILED application BEFORE October 1 or February 1 deadline. This meeting is designed to review the application, answer 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)**



Education Department

APPLICATION FOR CLINICAL PRACTICE

Last Name:

First Name:

M.I.

Net ID:

Expected Graduation Month/Year:

Which semester (fall/spring) do you plan to complete your clinical practice experience?

Year:

Cumulative GPA: _____

Indicate Level & Endorsement

Elementary Education

Secondary Education, Field/Subject:

Select Degree being sought

Undergraduate

Graduate

Certification only

CONTACT INFORMATION

Local Street Address:		City, State, Zip:	
Permanent Address: (If different)		City, State, Zip:	
Preferred Email:		Preferred Phone:	
Alternate Email:		Alternate Phone:	

EMERGENCY CONTACT

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

Best phone number to reach you during semester break: _____

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

EDUCATIONAL BACKGROUND INFORMATION

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

Schools Attended

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

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)

TEACHER CANDIDATE PLACEMENT REQUEST

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

Which form of transportation do you intend to utilize for clinical practice? _____

Candidates will NOT complete clinical practice in the school(s) they attended or schools where family members are currently in attendance or teaching. If needed, discussion will take place with Dr. Buschelman for specific requests.

School Requests

Name of District = Omaha, Bellevue, Millard, Gretna, Elkhorn, Papillion, Archdiocese of Omaha, etc.

Millard and Papillion require an online application in addition to this one

Grade/Subject = individual (1st, K, etc) or group of grades (2-4, 9-12, etc) and secondary subject area

Name of School (if known and preference) = Gomez Heritage, Omaha South, Roncalli, St. Cecilia's, etc

1st School Choice

Name of District:	Grade/Subject:
Name of School (if known):	

2nd School Choice

Name of District:	Grade/Subject:
Name of School (if known):	

3rd School Choice

Name of District:	Grade/Subject:
Name of School (if known):	

Fine Print:

The Creighton Education Department requires a full-day clinical practice experience for a minimum of **14 weeks (70 school days)** 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. **A calendar must be submitted at the end of clinical teaching detailing the days each candidate was in the school classroom or completing professional development with the school or Creighton.**

Candidates must contact their cooperating teachers to arrange to start their clinical practice assignment as soon as their school/district has professional development – thus, **before** P – 12 students begin for the semester and **before** Creighton University begins classes. Non-residency students will end clinical practice the Friday before Creighton's "Finals" Week. If more time is needed to meet the 70-day minimum, candidates will need to remain in the school as a student teacher. Residency students are requested to remain at the school for the entirety of the school's semester as a student teacher.

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.

Understanding that many factors impact clinical practice placements, candidates may be placed in a school and a grade/subject area other than those requested above.

Signature of student to acknowledge above requirements: _____

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

COURSE WORK IN PROGRESS OR REMAINING

BEFORE YOU MEET WITH YOUR ADVISORS, STOP BY THE EDUCATION DEPARTMENT TO GET AN ENDORSEMENT SHEET ONLINE SO THEY CAN GO OVER YOUR COMPLETED AND REMAINING COURSEWORK WITH YOU.

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

List below the courses that are in progress and/or you need to take before you graduate, the credit hours for each course, and which semester you project to take each course. Also, list any content deficiencies you have for your endorsement(s) (Withdrawals, Incompletes, etc).

COURSE #	COURSE TITLE	HOURS	PROJECTED SEMESTER

Content Deficiencies and Plan to Remedy Deficiencies

Teacher Candidate Signature: _____ Date: _____

Education Advisor Signature: _____ Date: _____

Content Major Advisor Signature: _____ Date: _____

If "signing" electronically: By typing my name in the box, I certify the information I have provided on this application is true and accurate to the best of my knowledge. If advisor signature is unavailable, please have them email aprilbuschelman@creighton.edu and confirm that you have met with them and are set for graduation.

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.

Course Number:

Course Title:

Credit Hours:

Location:

Meeting Time (s):

HEALTH CONCERNS

Do you have a history of fainting spells, seizures, comas, diabetic shock, or other physical, mental, or nervous disabilities and/or disorders that might affect your assignment as a student teacher? Yes No

If yes, please describe how this may impact your clinical practice experience and any accommodations that may need to be made when making a school placement.

RELEASE FORM

I, _____, hereby give my permission to the Education Department at Creighton University to share information that I am part of the Creighton Education program. Furthermore, I hereby give my permission to the Education Department at Creighton University to provide my unofficial transcript, autobiography, health concerns, and background information to potential clinical practice sites and mentors.

Signature of student to acknowledge above release: _____

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

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 a description about yourself, your hobbies, Gallup strengths, future plans/goals both related and unrelated to teaching, what brought you to teaching, and your feelings or ideas about teaching. Make sure it is type-written and that grammar and spelling are correct. This autobiography will be given to potential mentor teachers in an effort to make a good match between student and mentor. You want your mentor teacher to get to know you a little before meeting in person!