

BRESCIA UNIVERSITY
SCHOOL OF EDUCATION

APPLICATION FOR ADMISSION into CLINICAL PRACTICE

Name _____ Date _____
Last First Middle (Maiden)

Address (Home) _____
Street City State Zip

Address (Local) _____
Street City State Zip E-Mail Address

Telephone (Local) _____ Telephone (Home) _____ Cell Phone _____

Social Security Number _____ Date of Birth _____

Classification: _____ Junior _____ Post Graduate (Must have passed Praxis II Content Exams)
_____ Senior _____ Date taken

Field(s) of Professional Preparation and Certification:

_____ Interdisciplinary Early Childhood Education (IECE) Birth -
_____ Elementary (P-5)
_____ Middle School (5-9) – Area(s) of Specialization: _____
_____ Secondary – Major: _____
_____ Special Education (also indicate either Elementary or Middle School)

Using the scale below, evaluate yourself on the following:

1 – Low 2 – Below Average 3 – Average 4 – Above Average 5 – Very Good

_____ English Composition (Ability to express yourself clearly and correctly in writing.)
_____ Oral Communication
_____ Competence in area of certification
_____ Professional attitude

Health Form: This application is accepted only upon receipt of a completed Brescia University Health Form.
Does a completed health certificate accompany this application into Clinical Practice? ____ Yes ____ No
(If “no,” please explain) _____

School Preference (Please share your preferences; these may help us select and arrange your placement)

System/School	Principal	Teacher	Assignment/Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check the following four statements:

_____ I have read and continue to promise to adhere to the Professional Code of Ethics for Kentucky School Certified Personnel.
_____ I declare that I possess good moral character and that I have never been convicted of a felony or crime involving moral turpitude, or misdemeanor (other than a moving traffic violation), been found guilty, or entered

a plea of nolo contendere (no contest), even if adjudication was withheld, in Kentucky or any other state and that all of the information given by me on this form is true and correct. (*Kentucky Revised Statute 161.120 provides that a certification may be revoked upon determination that false information was presented toward obtaining the certification.*)

____ I hereby certify that I have completed the required courses and have maintained the required GPA.

____ I further agree not to engage in any outside work which will interfere with my Clinical Practice duties.

Signature of Candidate:: _____ Date: _____

The Chair of the School of Education has responsibility for the placement of Clinical Practice Candidates. This placement is made in consultation with the applicant, major/certification advisor, Chair of the School of Education, and school system(s).

DO NOT WRITE BELOW THIS LINE

GPA _____ Faculty Evaluation: _____ Satisfactory _____ Unsatisfactory

(If "Unsatisfactory") Specific Reason: _____

_____ Application Accepted

_____ Not Accepted

Additional Comments:

Chair, School of Education _____ Date _____

Revised Spring 2015

For Office Use Only:

1st Clinical Practice placement: Dates (Begin) _____ (End) _____

School _____ Teacher _____ Grade/Assignment _____

2nd Clinical Practice placement: Dates (Begin) _____ (End) _____

School _____ Teacher _____ Grade/Assignment _____

School Official (e.g. Data Manager) Date