

The dates for filing an application for Counseling in Education Settings practicum/internship are:

**Spring** – September 15 to October 15\*

**Fall** – February 15 to March 15\*

\*If the date falls on a weekend or holiday applications will be accepted on the following business day.

During the application period Teacher Candidates who will be eligible for **Internship or Practicum in Counseling in Educational Settings** should:

- Type and return 1 copy to the Counseling in Educational Settings Internship Coordinator in the Educational Services and Leadership Department, 3rd Floor, James Hall. Faxed applications **WILL NOT** be accepted as we must have original signatures on the forms.

If you have any questions regarding field placement, eligibility, or the application process please contact your program advisor or coordinator.

## **NEW REQUIREMENT**

Due to recent changes in state regulations, school districts are now requiring criminal background clearances for students completing clinical (field) experiences at any level in their districts. In order to ensure compliance, all College of Education students (both undergraduate and graduate) will be required to complete a New Jersey Department of Education (NJ DOE) criminal history clearance as a substitute teacher utilizing the College of Education's clearance codes. This clearance must be completed prior to taking any courses requiring placement in a public or private school setting. In addition, all students must have a current Mantoux/TB test on file with the Office of Clinical Experiences prior taking any courses requiring placement in a public or private school setting.

All clearances and TB test results must be uploaded into the Tk20 system. Additional information and instructions for completing the background clearances can be found on the Office of Clinical Experiences [website](#).

**Rowan University**  
**Department of Educational Services, Administration and Higher Education**  
**Counseling in Educational Settings**  
**Application for Placement**

Requesting Placement for:            Practicum            Internship  
Semester Year:  
Semester Requested:    Fall            Spring

**CANDIDATE DATA**

Name: \_\_\_\_\_ Rowan ID No: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-State-Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of last TB test\*: \_\_\_\_\_  
Major: \_\_\_\_\_ Rowan E-Mail\*\*: \_\_\_\_\_

**Residence during placement if different:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **County:** \_\_\_\_\_

\*Provide Mantoux (TB) test results to the school nurse at your assigned school on the first day. Test must be done within six months of Clinical Experience start date.  
\*\* All e-mail correspondence will be through Rowan e-mail only.

1. Placement by Office of Field Experiences Requested.

**Placement Preference: (NO GUARANTEE GIVEN)**

a. Check Level Preferred:            Elementary            Middle School            High School            Higher Education

**Placement Site Preferences: (NO GUARANTEE GIVEN – STUDENTS SHOULD NOT CONTACT POTENTIAL PLACEMENT SITES THEMSELVES. REQUESTS MUST BE INITIATED BY THE OFFICE OF FIELD EXPERIENCES ONLY.)**

District/University #1: \_\_\_\_\_ School/Dept. #1: \_\_\_\_\_  
District/University #2: \_\_\_\_\_ School/Dept. #2: \_\_\_\_\_

2. Placement is in my current place of employment.

**District/University:** \_\_\_\_\_ **County:** \_\_\_\_\_

**School/Dept.:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Please return your application by **March 15<sup>th</sup>** for Fall Placement.

Please return your application by **October 15<sup>th</sup>** for Spring Placement.

**TO BE COMPLETED BY PROGRAM ADVISOR**

As of this date and a review of past and current courses, this student is tentatively eligible for an internship/practicum assignment. However, candidate must maintain grades for future required courses as outlined in program guide.

**Approved by:**

\_\_\_\_\_  
(Candidate Advisor)

\_\_\_\_\_  
(date of approval)

ROWAN UNIVERSITY  
College of Education

Certification Program Eligibility Affidavit

***In addition to the completion of a background clearance, this form is to be completed by those students who are entering a teacher education certification course requiring Clinical Experience. The State of New Jersey will not issue a teaching certificate, in most cases, to anyone with a criminal history per N.J.A.C. 18A:6-7.1.***

I, \_\_\_\_\_, swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses in New Jersey or any other state or jurisdiction:

Any crime of the first or second degree;

Any crime bearing upon or involving sexual offense or child molestation, as set forth in Chapter 14 of Title 2C of the New Jersey Statutes;

Any crime of endangering the welfare of a child or an incompetent person, including sexual conduct which would impair or debauch the morals of a child or incompetent, pursuant to N.J.S.A. 2C:24-4 and N.J.S.A. 2C:24-7;

A crime of child abuse, abandonment, cruelty or neglect, pursuant to N.J.S.A. 9:6-1 et seq.;

An offense of resisting arrest or eluding an officer, pursuant to N.J.S.A. 2C:29-2;

An offense involving the possession, manufacture, transportation, sale, distribution or habitual use of a "controlled dangerous substance" as defined at N.J.S.A. 2C:35-1 et seq. or of "drug paraphernalia" including hypodermic needles as defined pursuant to N.J.S.A. 2C:36-1 et seq.;

Any crime involving the use of force or the threat of force to or upon a person or property, including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder;

Any crime of possessing weapons, as set forth in N.J.S.A. 2C:39-1 et seq.;

A third degree crime of theft or a related offense, as set forth in N.J.S.A. 26:20-1 et seq. or Chapter 20 of Title 2C (theft);

Recklessly endangering another person, N.J.S.A. 2C:12-2;

Issuing terroristic threats, N.J.S.A. 2C:12-3;

Criminal restraint, N.J.S.A. 2C:13-2;

Luring or enticing a child into a motor vehicle, structure or isolated area, P.L. 1993, c. 291;

Causing or risking widespread injury or damage, N.J.S.A. 2C:17-2;

Criminal mischief, N.J.S.A. 2C:17-3;

Burglary, N.J.S.A. 2C:18-2;

Usury, N.J.S.A. 2C:21-19;

Threats or other improper influence, N.J.S.A. 2C:27-3;

Perjury and false swearing, N.J.S.A. 2C:28-3;

Escape, N.J.S.A. 2C:29-5;

Bias intimidation N.J.S.2C: 16-1

Any crime of the fourth degree involving a victim who is a minor; or

Conspiracy to commit or an attempt to commit any of the crimes described above.

I have read and understand this statement to be true and accurate. I am aware that if I sign this statement and the statement is false I could be subject to punishment. Further, I agree to inform Rowan University immediately if I am charged with or convicted of any of the above listed crimes or offenses subsequent to the date of my signature.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature  
(Must be 18 years of age or older)

\_\_\_\_\_  
Date

**If you are uncomfortable in signing this certification, contact the Executive Director,  
Office of Clinical Experiences, or your advisor for guidance.**