GENERAL INFORMATION

The application for Clinical Practice and all supporting documents must be submitted by the application deadline for the quarter in which you plan to begin Clinical Practice. In the case of TPA results, please provide the results to the Credential Analyst as soon as they become available.

All Clinical Practice Applicants must meet the appropriate overall GPA of 3.0 at the time of application submission. An earned “CR” (credit) is required in each block of Clinical Practice, as well as maintenance of a 3.0 GPA in all credential coursework attempted to earn a University recommendation of credential.

All applicants for Clinical Practice must be accepted into the Credential Program and complete all prerequisites and core coursework prior to Clinical Practice. Applicants must also be currently admitted and continuously enrolled at Cal Poly Pomona.

Please complete the Clinical Practice Application and submit all items on the checklist to the appropriate Credential Analyst on the second floor in building 6. Within 3 weeks of the application deadline, you will receive e-mail notification from the Credential Analyst regarding the status of your application. All approved applications will be forwarded to the Office of Clinical Practice for placement.

Placements are requested based on CTC requirements, availability of appropriate quality placements, and geographic locations within reasonable commuting range. Therefore, please make sure that current address information is included. For these reasons, special placement requests cannot be accepted.

The Office of Clinical Practice arranges all student teacher placements. The process is time consuming, requiring several weeks to complete. You will be notified when your placement has been confirmed. Most communications from the department will be sent in the form of e-mail per university policy. Any correspondence that is mailed will be sent to the current address on Bronco Direct.

If you have questions regarding the placement of Student Teachers, please contact us at (909) 869-4400.
CHECK LIST

Please submit all items below to the appropriate Credential Analyst with your completed application. If there are any items in progress, such as TPA’s, please inform the Credential Analyst and bring the results as soon as they are made available.

☐ CLINICAL PRACTICE APPLICATION

☐ Effective Winter 2012, A PRINTOUT VERIFYING PASSAGE OF TPA TASKS 1 AND 2. This may be retrieved from your Task Stream account. Your placement may be jeopardized if these results are not submitted as soon as they are made available. Note: If you completed TED 443 or TED 432 prior to Spring 2011, you will complete TPA 2 with Clinical Practice and only need to submit passage of TPA 1 at this time.

☐ POLICIES RELATED TO WITHDRAWING FROM CLINICAL PRACTICE

PLEASE NOTE: Only submit the items below, if they were not included with your program admissions packet OR if information has been updated.

☐ 100% SUBJECT MATTER VERIFICATION (CSET or Subject Matter Preparation Program). Each subtest score needs to remain valid through the end of your final quarter of Clinical Practice and cannot be older than 5 years. Subtests with scores older than 5 years need to be retaken and passed before beginning or continuing with Clinical Practice.

☐ CURRENT NEGATIVE TUBERCULOSIS (TB) TEST (offered at Student Health Center). TB clearance is valid for four years and must remain valid throughout all Clinical Practice. A copy of TB clearance was required at Program Admissions. If your test has expired since that time, a new test is required.

☐ CERTIFICATE OF CLEARANCE A copy of a Certificate of Clearance document granted by the CTC must be submitted as part of the Program Admissions process. A California Teaching Credential, Emergency Permit, or Short Term Staff Permit may be submitted in lieu of the Certificate of Clearance. The issuance date must not exceed 5 years.
Date: _______________  □ Block 1  □ Block 2  Bronco ID: _______________
Quarter Requesting Placement:  □ Fall  □ Winter  □ Spring  Year: _______________

SECTION A – About You

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<tr>
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□ Male  □ Female  Cal Poly Email: ________________________________@csupomona.edu

Do you already hold a teaching credential?  □ Yes  □ No
If yes, type of credential: __________________________________________

SECTION B - Credential Program and Emphasis

MULTIPLE SUBJECT:  □ Non-Bilingual Authorization  □ Bilingual Authorization: ________________

SINGLE SUBJECT:  □ Non-Bilingual Authorization  □ Bilingual Authorization: ________________

□ Agriculture  □ Agriculture/Ag Specialist  □ English  □ PE
□ Art  □ Biological Sciences  □ Geosciences  □ PE/Adapted PE
□ Biological Sciences Specialized  □ Geosciences, Specialized  □ Physics
□ Chemistry  □ Math  □ Math, Foundational Level  □ Social Sciences
□ Chemistry, Specialized  □ Music  □ Science, Foundational Level  □ Spanish

EDUCATION SPECIALIST:  □ SECAP (One block only)

□ Mild/Moderate  □ Bilingual Authorization: ________________
□ Moderate/Severe  □ Non-Bilingual Authorization
SECTION C - Prior Enrollment:  Have you ever been admitted into Clinical Practice for this credential?  Y N

☐ If Yes, Quarter: ___________  ☐ Standard  ☐ Intern

SECTION D - Type of Placement:

☐ Standard Placement  ☐ Short Term Staff Permit *

*If you are currently employed by a district in a long term substitute or contracted position and hold a Short Term Staff Permit, you may qualify for Clinical Practice while in your present position. Please contact the Credential Services Office for more information and a “Supplemental Application for Short Term Staff Permit Supervision” packet.  NOTE: 30-Day Emergency Permits do not qualify

____________________________________________________________     ______________________
Signature         Date

Credential Analyst Use Only:

CSET Subtest #  Issuance Date: ___________  Exp. Date: ___________
___________    ___________    ___________
___________    ___________    ___________
___________    ___________    ___________
___________    ___________    ___________
SMPP Subject:
___________    ___________    ___________
TB Clearance  Issuance Date: ___________  Exp. Date: ___________
Cert. of Clearance  Issuance Date: ___________  Exp. Date: ___________

TPA 1 Status:  Passed  Failed  In Progress  TPA 2 Status:  Passed  Failed  In Progress

Signature: _____________________________________________    Date: ___________________
1. **CANDIDATES ARE NOT PERMITTED TO ARRANGE THEIR OWN PLACEMENTS**
   It is the responsibility of the Cal Poly Pomona Office of Clinical Practice to find suitable placement for ALL teacher candidates in Clinical Practice. Candidates **may not, at any time**, approach school staff or district offices attempting to make arrangements for their own placement.

2. **CANDIDATE WITHDRAWAL PRIOR TO PLACEMENT**
   A candidate who withdraws their Clinical Practice Application on or before the Clinical Practice Application Deadline will be permitted to re-apply for the next academic quarter.

3. **CANDIDATE WITHDRAWAL AFTER PLACEMENT IS REQUESTED**
   A candidate who withdraws their Clinical Practice Application after placement has been requested will be ineligible to re-apply for the quarter of withdrawal.*

4. **CANDIDATE WHO IS A “NO SHOW” FOR CLINICAL PRACTICE**
   Barring unusual circumstances, a candidate who chooses not to report to his or her Clinical Practice assignment without advance notice to the school site and the Office of Clinical Practice will be ineligible to re-apply for the quarter of withdrawal and the following quarter. “No Show” students may not withdraw again under any circumstances or they will be permanently separated from the program.*

5. **CANDIDATE WHO WITHDRAWS FOR A SECOND OCCURRENCE**
   If a candidate chooses to withdraw from Clinical Practice a second time for a subsequent quarter, the candidate will be separated from the program and may not re-apply.*

* **NOTE: WITHDRAWAL FOR “UNUSUAL AND COMPELLING” CIRCUMSTANCES MAY BE APPEALED TO THE TED APPEALS AND REINSTATEMENT COMMITTEE. VERIFYING DOCUMENTATION BY THE CANDIDATE WILL BE REQUIRED.**

__________________________  _____________
Student Signature        Date