

**CLINICAL FACULTY
APPLICATION**

Thank you for your interest in serving as an internship/practicum clinical faculty member for the Plymouth State University College of Graduate Studies. Please complete and submit the following application along with your current resumé, three *recent* letters of professional recommendation, and a copy of your most recent educator certification(s).

NAME: _____

ADDRESS: _____

PHONE: **Home:** _____
 Office: _____
 Cell: _____

E-mail: _____

AREA(s) OF EXPERTISE:

| | |
|--------------------------|----------------------------|
| Elementary: _____ | Grade Levels: _____ |
| Secondary: _____ | Subjects: _____ |
| K-12: _____ | _____ |

NEW HAMPSHIRE CERTIFICATIONS: (If you hold certification in another state, please specify)

| | |
|-------|-------------------------------|
| _____ | Expiration Date: _____ |
| _____ | Expiration Date: _____ |
| _____ | Expiration Date: _____ |
| _____ | Expiration Date: _____ |

I am available: (Fall/Winter) _____ (Winter/Spring) _____ (Fall/Winter/Spring) _____

I am willing to supervise (maximum of six) # _____ **students per internship/practicum schedule.**

I would prefer the following geographical locations: (Graduate students will complete internships/practicums throughout New Hampshire)

Signature

Date

Completion of this form is in no way an agreement of employment.