



Office of Teacher Certification

APPLICATION FOR CLINICAL FACULTY

(A resumé and three recent letters of professional recommendation and a copy of your New Hampshire state teacher certification must accompany this application.)

NAME: _____

ADDRESS: _____

PHONE: _____ day SS#: _____ / _____ / _____

_____ evening E-mail: _____

Area of Expertise:

Elementary _____ Grade levels _____

Secondary _____ Subjects _____

K-12 _____ Subjects _____

New Hampshire Certifications (can be active in another state)

_____ Expiration _____

_____ Expiration _____

I am available _____ Semester _____ Year _____

I am willing to supervise _____ per semester. (Maximum of six) # of students

I would prefer the following geographical locations: (Students are placed anywhere within the state of New Hampshire.)

Signature

Date

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

This form should be returned to the Office of Teacher Certification.



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