

Stephen F. Austin State University
 Educator Certification
 P. O. Box 6103 Nacogdoches, TX 75962-6103
 Phone (936) 468-2903 Fax (936) 468-1577

**PROBATIONARY CERTIFICATE APPLICATION and
 INTERN AGREEMENT for SFA
 POST BACCALAUREATE TEACHING INTERNSHIP
 (to be completed by the Applicant/Intern and returned to SFA)**

Social Security Number:		Today's Date:	
First Name:		Last Name:	
Middle Name or Initial		Maiden Name:	
Address: RR, Box, Street Number & Street Name:			
City:			
State:	Zip:	Home Phone:	Work Phone:
Home Email:		Work Email:	
(MM/DD/YY) Bachelor's Degree Conferred:		Name of University:	
(MM/DD/YY) Master's Degree Conferred:		Name of University:	
School District Name:		(MM/DD/YY) First Day of Instruction Duties:	
Intern Agreement			
<p>As a Post Baccalaureate Initial Certification (PBIC) teaching internship applicant, I agree to register for the ELE 542.100/542.200 or SED 542.100/542.200 teaching internship course for two semesters excluding summer sessions*. I understand that a fee is due as specified in the registration procedure and that I must meet all payment deadlines. Further, I understand that failure to register and pay fees in a timely manner may result in an automatic drop from the course. I agree that if I am dropped, then I may enroll for ELE 542.100/542.200 or SED 542.100/542.200 the following long semester if all requirements are met.</p> <p>I understand that each semester I enroll for the internship course, I must update my demographic information for SFA regarding my email address, mentor teacher assignment, home address and phone number. I understand that the Teacher Education office must <u>clear</u> me for a permit to register. Permits originate in the Elementary or Secondary department. Questions regarding permits may be directed to the Elementary department [936/468-2904] for ELE 542.100/542.200 or to the Secondary department [936/468-2908] for SED 542.100/542.200.</p> <p>I agree to comply with the written local school board policies, state regulations, and applicable state and federal laws.</p> <p>I have reviewed this application and I affirm that all of the information which I have provided on the application and attached documents is true.</p> <p>* Must complete two semesters excluding summer sessions @100% for 187 days (one academic year). Excessive absences will result in an extension of the internship.</p>			
Signature of Applicant:			Date:(MM/DD/YY)

FOR OFFICE USE ONLY			
Degree:		Date:	Name of Institution:
Name of Major:		Content Exam Passed/Date	24 S.H.(12 UL) in Major:
			Yes No
Name of Cert Plan Written:		Probationary Certificate: Initial Extended	Length of Probationary Cert: 1yr 2yr
Recommendation:		Grade Level:	Subject:
LG:	HG:	Adm TED Dt:	Clr/Dpt/Dt:
Miles:	ISD:	Section:	ISD Instruc Dt:

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**MENTOR TEACHER AGREEMENT and
 PRINCIPAL AGREEMENT for SFA
 POST BACCALAUREATE TEACHING INTERNSHIP**
(to be completed by the Intern, Mentor teacher and Principal and returned to SFA)

Name of Applicant		Applicant's Social Security Number	
Applicant's Address		Applicant's City/State/Zip	
Applicant's Email Address		Applicant's Phone Numbers (Home, Work, Cell)	
School District Name		School District Phone	
School District Address (PO Box or Street Number/Name)		City/State/Zip Code	
Name of School Bldg/ Rm#/Campus	Bldg/Campus Phone #	Subject Assigned to Teach	Grade Level Assigned to Teach

Principal's Agreement	
<p>I agree that the intern listed on this request has been offered a teaching position in our school district. I understand that he/she will register for a teaching internship class (ELE 542.100/542.200 or SED 542.100/542.200) at SFA for two semesters excluding summer sessions. I agree to work with SFA's university mentor by assigning a <u>trained mentor teacher</u> to engage in joint supervision.</p> <p>Further, I understand that the applicant must submit the Probationary Certificate forms to SFA and the State Board for Educator Certification (SBEC) by accessing SFA's web site www.education.sfasu.edu and clicking on Post Baccalaureate Initial Certification, scrolling to the bottom of the screen and choosing "How to Apply for a Probationary Certificate".</p> <p>I understand that SFA will make a recommendation for the Probationary Certificate on the twenty first day from the first day of class in the long semester; however, if an individual meets eligibility requirements by successfully testing in a content area during the first opportunity for testing in a long semester, the latter of the two dates will be used for the date to make the recommendation.</p> <p>* Must complete two semesters excluding summer sessions @ 100% for 187 days (one academic year). Excessive absences will result in an extension of the internship.</p>	
Mentor Teacher Agreement	
<p>I agree to serve as mentor teacher for this intern. I understand that I must attend SFASU's Mentor Training or provide proof of attendance at another mentor training session in order to receive the \$300 per semester for two semesters. (A total \$600 stipend will be paid as the contract specifies). My signature indicates that I have read and understand this agreement.</p>	
Assigned Mentor Teacher's Name:	Mentor Teacher's SSN:
Assigned Mentor Teacher's Signature:	Mentor Teacher's Work Email :
Principal's Signature	Printed Signature of Principal
Principal's Email Address	Today's Date (MMDDYY)