Teacher Standards and Practices Commission 250 Division St NE



250 Division St NE Salem, OR 97301 Phone (503) 378-3586; Fax (503) 378-4448

<u>Student Teaching or Practicum Report – Form PA-1</u>

Each student teacher, intern, or candidate for final practicum in personnel service and school administration shall file with the Commission a registration form (PA-1). Read instructions carefully. Once complete, sign the application, attesting to the accuracy of information provided. **Providing false information on your application is grounds for the Commission to deny your application**.

Email: contact.tspc@state.or.us

Web Site: www.oregon.gov/tspc

Please write legibly and use black or blue ink. Please be sure to provide your full legal name.

Applicant Information:

| Last | Name | First Name | Middle N | lame | Previous | | | |
|---|---------------------------|---------------------------------------|-----------------------------|------------------------|-------------------------------|---|--|--|
| | | | | | | _ | | |
| | | | | | | | | |
| Curre | ent Mailing Address | | City, State and Postal Code | | | | | |
| (|) | () | | | Male Female | _ | | |
| Home | e/Cell Phone Number | Work Phone Number | Date of | Birth | Gender | _ | | |
| | | | | | | _ | | |
| | | | | | | | | |
| Socia | I Security Number | E-Mail Address | | | | | | |
| | | | | | | | | |
| As part of your application for an initial or renewed license or registration, you are required to provide your Social Security Number (SSN) for purposes of child support enforcement (ORS 25.785 and 42 USC § 666(a)(13)) and state income tax collection (ORS 305.385 and 42 USC § 405(c)(2)(C)(i)). | | | | | | | | |
| The C | ommission may also disclo | se your SSN to the interstate clearin | ghouse for | educators if your Oreg | on license or registration is | _ | | |
| The Commission may also disclose your SSN to the interstate clearinghouse for educators if your Oregon license or registration is subject to discipline for unprofessional conduct (ORS 342.143 and 342.175 to 190). | | | | | | | | |
| Ethn | ic and Race Status: | (Optional - for statistical purp | oses on | ılv) | | | | |
| Copulation for stational purposes offy | | | | | | | | |
| Which race or ethnicity best describes you? (You may check more than one) | | | | | | | | |
| ☐American Indian or Alaska Native☐Asian☐Black or African American☐Hispanic or Latino or other Spanish Origin☐Native Hawaiian or Other Pacific Islander☐Multi-ethnic☐White☐Other | | | | | | | | |
| If you checked above that you are an American Indian, please check here if you are a member of one of the nine recognized tribes in Oregon. ☐ | | | | | | | | |

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| Please experie | · | year during which yo | u plan to enter yo | ur first practicum, internship, or field | | | |
|---|---|--|--|---|--|--|--|
| ☐ Fall | ☐ Winter | ☐ Spring | Summer | Year: | | | |
| | ram and School: place an (X) in the box ne | xt to the college or u | niversity you are a | attending or plan to attend: | | | |
| Co Ea: Ge Lev | ncordia University rban University stern Oregon University orge Fox University wis & Clark College field College arylhurst University | ☐ Northwest Ch ☐ Oregon State ☐ Pacific Univer ☐ Portland State | sity e University gon University | University of Phoenix (OR) University of Portland Warner Pacific College Western Oregon University Willamette University Other | | | |
| | cator Program: | | | alata di | | | |
| | place an (X) in the box ne | xt to the educator pro | ogram being comp | Dietea: | | | |
| Add Edu Sch | al I Teaching ding Subject Area and/or Auth ucational Leadership nool Counselor nool Psychologist nool Social Worker ner | orization Level | | | | | |
| | orization Levels and | | | | | | |
| | | boxes for the author | zation level(s) an | d endorsement(s) being completed: | | | |
| | horization Levels: Early Childhood ☐ Elem | nentary | le Level | High School | | | |
| | dorsements: | lentary ivildu | ie revei | ligh ochool | | | |
| | Agricultural Science & Tech. Biology Career & Technical Educ. Chemistry Drama Early Intervention /Special Ed Family & Consumer Sciences French General Business Ed German | Math, Basic | Science Arts nced | Middle School Science Middle School Social Studies Multiple Subjects Physics Russian Social Studies Spanish Speech Technology Education | | | |
| B. Aut | horization Levels for Specia | lty Endorsements: | | | | | |
| ☐ E | ECE/ELE | ☐ ML/HS | | | | | |
| Specialty Endorsements – All These Require Dual Authorizations: | | | | | | | |
| E | Art ESOL ESOL/Bilingual | ☐ Music☐ Physical Ec☐ PE, Adapte | | ☐ Reading ☐ Special Education | | | |
| C. <u>Endorsements Requiring K-12 (All Grade) Authorizations:</u> K-12 | | | | | | | |
| | Communication Disorders | Library Medi | a | ☐ Visually Impaired | | | |

Timing of Experience:

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CHARACTER QUESTIONS

Please carefully read the "Instructions for Answering Character Questions" before answering. You *must* answer either "yes" or "no" to each of the following questions; any other response will result in your application being considered incomplete. All "yes" answers must be *fully* explained in writing on a separate piece of paper and the explanations must be signed and dated by you.

| educational or school-related employment when you had reason to believe an investigation for misconduct was underway or imminent? | 1. | | | | |
|---|-----|--|--|--|--|
| 2. Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standards of conduct by either an employer or a licensure agency? | 2. | | | | |
| 3. Have you ever been placed on leave by your employer for any alleged misconduct? | 3. | | | | |
| 4. Have you ever had any adverse action taken on a <i>professional</i> certificate, license or charter school registration? Have you ever been placed on probationary status for alleged misconduct while holding a professional license, certificate, registration, or credential? | 4. | | | | |
| 5. Have you ever been denied any professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct? | 5. | | | | |
| 6. Have you ever surrendered a professional license of any kind before its expiration? | 6. | | | | |
| 7. Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure? | 7. | | | | |
| 8. Have you ever been convicted or been granted a diversion or conditional discharge by any court for any: (a) Felony; or (b) Misdemeanor; or (c) Major traffic violation including but not limited to: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident? | 8. | | | | |
| 9. Have you ever been arrested or cited for any offense listed in section (8) above which is still pending in the courts? This includes any diversion, conditional discharge or postponed adjudication that has not been dismissed by the courts at the time this application is signed. | 9. | | | | |
| 10. Have you ever had any civil judgment or other court order, including but not limited to a restraining order, entered against you resulting from allegations of abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons? | 10. | | | | |
| □ Check here if you provided an explanation for any "yes" answer with a <u>prior</u> application and received a specific response from the commission. Please know that any new incident that occurred since your last application requires that you answer "yes" and include a full written explanation, along with applicable court documents. <u>Your Signature and the Date</u> Under penalty of false swearing, I declare that the information in this application is true, correct, and complete. Providing false information on an application is grounds for the Commission to deny or revoke permission for student teaching or final practicum. I grant the Commission permission to check civil or criminal records to verify any statement made on this application and to release any information related to these character questions to educational institutions with which I am associated. | | | | | |
| Signature of the Applicant* (Signature may be electronic or actual) Date* | | | | | |

*This application must be signed and dated within 60 days prior to the date the application is received by TSPC.

Click the submit button above to send this form electronically to TSPC <u>or</u>
You may print the form and mail it directly to TSPC.

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