



Office of Teacher Certification

APPLICATION – CLINICAL FACULTY

Submit an application packet that includes:

This application with cover letter, current resume, three letters of professional recommendation and a copy of your state teacher certification.

NAME: _____

ADDRESS: _____

PHONE: _____ day SS#: _____/_____/_____
_____ evening E-mail: _____

Area of Expertise:

Elementary _____ Grade levels _____
Secondary _____ Subjects _____
K-12 _____ Subjects _____

NH Certifications [Can be active in another state]

_____ Expiration _____
_____ Expiration _____

I am available _____
Semester Year

I am willing to supervise _____ per semester. [Maximum of 4]
[# of students]

I would prefer the following geographical locations: [Students are placed anywhere within the state of NH]

Signature Date

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

