**APPLICATION FOR PRECLINICAL PLACEMENT**

**INSTRUCTIONS and IMPORTANT INFORMATIO*N***

**PLEASE READ**

# Instructions for Preclinical Applications

**All students must register for the corresponding preclinical course and complete the preclinical application for each experience. Students are also responsible for:**

* Obtaining departmental consent for each preclinical and student teaching experience by contacting their academic advisor in the School of Education (SOE) to receive a pin number at the time of registration.
* Completing the Preclinical (PC) Application according to the instructions, and having it signed by their School of Education advisor.
* Submitting the PC Application to the Director of Student Placement, by the due date specified on the BU Academic Calendar.
* Completing Protecting All God’s Children training through the Catholic Diocese of Joliet (<http://dioceseofjoliet.org/ct/subsectioncontent.php?secid=13&subsecid=9>), and then providing the Director of Student Placement with a copy of your training certificate. [Prior to 1st PC experience]
* Completing DCFS Mandatory Reporter training (<https://mr.dcfstraining.org/User/Auth/Login!loginPage.action>), and then providing the Director of Student Placement with a copy of your training certificate. [Prior to 1st PC experience]

*Failure to complete any of the above procedures will result in a delay of registration and a delay in the placement of your experience.*

**REQUIREMENTS FOR PC APPLICATIONS AND COURSE ENROLLMENT**

* You must have a 2.75 Benedictine University GPA to apply for and enroll in all preclinical experiences.
* Students must submit a Preclinical Application and register for the corresponding preclinical course. The preclinical courses are: EDUC 2200 (PC-1); EDUC 3234 (PC-2),and EDUC 4236 (PC-3).

**PC APPLICATION FORM INSTRUCTIONS**

* Applications are available from your SOE academic advisor and from the Director of Student Placement.
* A separate application must be submitted for each preclinical experience.
* Applications must be typed.
* Applications must be signed by you and your SOE advisor and then submitted to the Director of Student Placement via e-mail at [jwriter@ben.edu](mailto:jwriter@ben.edu).
* If you drop or withdraw from a preclinical course, notify the Director of Student Placement immediately! It is your responsibility and not your advisors to cancel your paperwork for a preclinical placement! The
* The Director of Student Placement can be contacted at [jwriter@ben.edu](mailto:jwriter@ben.edu) and (630) 964-1401

**PC PLACEMENT**

* No PC placement will be processed for a candidate, until: 1) he/she has completed and submitted a PC Application; and 2) **registered for the corresponding preclinical course**.
* Placements are made by the Director of Student Placement **only**.
* When a placement has been approved, you will be informed by e-mail, within the first 5 weeks of the corresponding PC course (typically earlier) You must then contact your designated Cooperating Teacher (CT) immediately (within 24 hours), to arrange a meeting and initial virtual meeting and site visit.
* During the initial school visit, you will collaborate with your CT to establish your tentative site visit schedule, in accordance with the PC course you are enrolled in.

**PC SCHEDULE**

* Preclinical experiences will commence within the first 5 weeks of classes for the term and will conclude no later than the last scheduled day of classes for the term.
* The student’s preclinical schedule (i.e., number of days per week and hours per day) must be approved by the cooperating teacher (in consultation with the University Supervisor).

**SPECIAL GUIDELINES**

* Applications will **not** be processed without the advisor's signature.
* It is against school policy for a candidate to be placed in a school they previously attended or where a close friend or relative works.
* The School of Education will not change a candidate’s placement, once the school or district has approved that placement Only extremely extenuating circumstances will be considered.
* Students are **required** to have a preclinical experience in at least one multi-cultural setting. A multi-cultural setting is defined as one that has a student body consisting of a twenty-percent or more minority population.

Yes, I have read, understand and agree to the above procedures and regulations associated with preclinical placements.

Preclinical Candidate Signature, ID number, & date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature & Date

*Advisor Note: forward this approval to Dr. Writer at* [*jwriter@ben.edu*](mailto:jwriter@ben.edu)

**APPLICATION FOR PRECLINICAL PLACEMENT**

**Personal Information**

Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year of PC Experience \_\_\_\_\_

BU E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: \_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor/Emphasis/Content Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preclinical Course and Section Registered in** (You must include the course section you have registered for):

\_\_\_\_ EDUC 2200 (PC-1) Section \_\_\_\_ \_\_\_\_ EDUC 3234 (PC-2) Section \_\_\_\_\_

\_\_\_\_ EDUC 4236 (PC-3) Section \_\_\_\_

**Where will you be residing during this PC experience?**

If living on campus, campus address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School Attended**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRECLINICAL EXPERIENCES COMPLETED** (include preclinicals completed and those in progress):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Preclinical Course or Level | School | School District  Name and # | Subject(s) | Grade Level(s) | # of Hrs. |
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**SIGNATURES:**

I affirm that the information provided is correct and has been verified by my School of Education academic advisor. I will contact the Director of Student Placement with any changes to the above information, prior to the start of the semester of placement

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Candidate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Advisor in Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_