



College of Education & Social Work / Professional Education Unit
Employed School Professional's Verification of Employment

This form cannot be used for Student Teaching without approval from your department and the Office of Clinical Experience

- Are you a post-baccalaureate (post-bac) or M.Ed. teacher candidate or student
Are you currently employed at a school district, private school, charter school, or child care center?
Are you a teacher or a para educator?
Are you able to complete all field work for the semester at your place of employment? (Field work includes any assignments that involve working with minors.)

You cannot use this form if you have any NO responses.

You must provide the clearances your place of employment has on file. The clearances do not have to be dated within the past year

To be completed by the Employed School Professional/West Chester University teacher candidate.

I verify that I will be completing any and all field work for
at
Employment

I understand that it is my responsibility to inform the Office of Candidate Services immediately if I am no longer able to complete any field work at my place of employment. In the event I cannot complete my field work at my place of employment, I understand that I must obtain three background clearances and a TB test to continue in the class. I also understand that a new form must be submitted before the start of any semester I have field work.

Signature of teacher candidate/student:
printed name
Date
WCU ID #
Cell #

To be completed by a Human Resources representative or administrator.

I verify that
West Chester University student
is currently employed as a
position
at
employment

and that he/she/they/them has the following clearances on file which meet our requirements for clearances.

Please check if required by employment. If not required by your school or child care center, please put N/A beside it.

- 1. Pennsylvania State Police Criminal Background Check
2. Pennsylvania Child Abuse History Clearance
3. FBI Fingerprinting Clearance
4. Tuberculosis (TB) Testing

Signature
Name (please print)
Position Title
Date