

Dear Physician/Health Care Provider:

State health regulations require that all applicants for school-based fieldwork (Student Teaching) provide written proof of a current health certificate form.

This candidate is applying to enroll in student teaching. This is the long-term, school-based, supervised field experience that occurs at the end of a teacher preparation program. A student teacher is required to assume an active role in the instruction of children/youth over a period of several months. In addition to the technical and intellectual abilities required, a student teacher must also possess the physical stamina and emotional stability required of a classroom teacher.

Due to the length of the experience and the level of responsibility that must be assumed, all student teachers must be screened before they are given final approval to begin working in schools. The Health Certificate below is part of the screening process. Thank you for your assistance.

## IMPORTANT NOTICE ABOUT THIS DOCUMENT:

For identification, the health care provider signing this certificate should also submit one of the following:

- 1. signed voided prescription form
- 2. signed letterhead with patient's name and date of office visit
- 3. office stamp with name of provider's office and address

## HEALTH CERTIFICATE FOR TEACHER PREPARATION STUDENTS

	Date:
This is to certify that the applicant, to be free from any physical or emotional condition that migl restrictions, please indicate "None".	, has been examined and is known by me nt interfere with his/her success as a student teacher. If no
Restrictions:	
Name of Facility:	
Name of Health Care Provider:	
Signature of Health Care Provider:	

Please return the signed certificate to the applicant, or mail directly to:

Keira Potter, Compliance Manager Office of Clinical Studies Wilmington University 3282 N. DuPont Hwy. Dover, DE 19901

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