

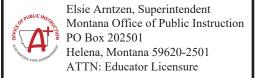
Elsie Arntzen, Superintendent Montana Office of Public Instruction PO Box 202501 Helena, Montana 59620-2501 ATTN: Educator Licensure

TEACHING ENDORSEMENT INTERNSHIP PROGRAM APPLICATION

Complete this form only if applying for accreditation exemption pursuant to ARM 10.55.707 (4).									
Educator Last Name		First Name	Middle Initial	Former Name(s)					
Mailing A	ddress: (Street, RFD, PO Box)								
City		State	ZIP Code	Folio No.					
Pursuant	educator preparation programs v to ARM 10.55.707 (4), the unders	g license; na school district or have ndorsement Program; an lic Education approved i within the boundaries of signed school district rec	e a contract offer point and internship programs the state of Montar quests that the unde	ending enrollment in the Board s offered by one of the accredited na.					
appropriately assigned as described below for the following school years									
RESPONSIBILITIES OF THE PARTIES									
1. Rol e	le of the Teaching Intern. Pursuant to ARM 10.55.707 (4), the Individual must:								
A.	Have at least a Class 2 teaching license prior to entering the program;								
В.	Be a contracted employee of a Montana school district or have a contract offer pending enrollment in the Board of Public Education Teaching Endorsement Program teaching in the endorsement area designated below;								
C.	Prior to placement, have completed or be enrolled in six semester credits of study in the endorsement area the teaching intern is pursuing. These credits must apply to the program and be approved by a university or college;								
D.	Complete the endorsement program within three (3) years of entry into the program;								
E.	Provide a copy of the endorsement program of study to the cooperating school district;								
F.	Enroll in a Board approved Internship Program for credit each year of the agreement; and								
G.	If required, remit a fee for supervision each year of the agreement to the Montana university or college.								
I agree to	comply with the duties and provi	sions of ARM 10.55.707	7 (4).						
Signatur	e	Date	Teaching Endorse	ement Area					

2.	Role of the Cooperating School District. Pursuant to ARM 10.55.707 (4), the Cooperating School District must:									
	A.	Allow the teaching intern to attend summer sessions, internship seminars, and professional development activities as specified by the internship agreement;								
	В.	Local school administrator shall provide on-site, ongoing supervision of the intern in the area of the designated endorsement;								
	C.	Agree to cooperate with the college or university in meeting the needs of the teaching intern;								
	D.	Report annually as part of the OPI Annual Data Collection the status of the teaching endorsement intern;								
	E.	Provide periodic supervision and training by a licensed teacher who is currently endorsed in the intern's prospective endorsement area; and								
	F.	When appropriate and feasible, the cooperating school district may agree to contribute to the tuition and supervision fees of the intern.								
Dist	rict_									
Signature of Authorized Representative Date Type or Print Name/Title										
8		e of Authorized Representative	Date	Type or Print Name/Title						
		e of Board Chair	Date Date	Type or Print Name/Title Type or Print Name/Title						
	aturo <u>Role</u>	e of Board Chair	Date							
Sign	aturo <u>Role</u>	e of Board Chair e of the Montana College or Univer must:	Date ersity. Pursuant to ARM 10	Type or Print Name/Title						
Sign	Role sity	e of Board Chair e of the Montana College or University must: Make provisions to provide the app	Date ersity. Pursuant to ARM 10 propriate course work or the	Type or Print Name/Title .55.707 (4), the Montana College/Univer-						
Sign	Role sity A.	e of Board Chair e of the Montana College or University must: Make provisions to provide the appleads to endorsement; Provide periodic supervision and e	Date Persity. Pursuant to ARM 10 propriate course work or the evaluation of the intern;	Type or Print Name/Title .55.707 (4), the Montana College/Univer-						
Sign	Role sity A. B.	e of Board Chair e of the Montana College or University must: Make provisions to provide the appleads to endorsement; Provide periodic supervision and e Supply list of teaching interns to the	Date Persity. Pursuant to ARM 10 propriate course work or the evaluation of the intern; the Montana OPI Licensure I	Type or Print Name/Title .55.707 (4), the Montana College/Univer- e acceptable approved equivalent that Division by the first Monday in October						
Sign 3.	Role sity A. B. C.	e of Board Chair e of the Montana College or University must: Make provisions to provide the appleads to endorsement; Provide periodic supervision and e Supply list of teaching interns to the each year; and	Date ersity. Pursuant to ARM 10 propriate course work or the evaluation of the intern; ne Montana OPI Licensure In the evaluation of any change in the eval	Type or Print Name/Title .55.707 (4), the Montana College/Univer- e acceptable approved equivalent that Division by the first Monday in October						
Sign 3.	Role sity A. B. C. D.	e of Board Chair e of the Montana College or University must: Make provisions to provide the appleads to endorsement; Provide periodic supervision and e Supply list of teaching interns to the each year; and Notify the Montana OPI Licensure	Date Persity. Pursuant to ARM 10 propriate course work or the evaluation of the intern; the Montana OPI Licensure I are Division of any change in a cons of ARM 10.55.707 (4).	Type or Print Name/Title .55.707 (4), the Montana College/Univer- e acceptable approved equivalent that Division by the first Monday in October						
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TEACHING ENDORSEMENT INTERNSHIP VERIFICATION FOR PROGRAM EQUIVALENCY

Last Name	First Name		Middle Name		Former Name(s)						
Mailing Address (Street, RFD, PO Box)				ity		State	ZIP				
E-Mail Address											
Folio No. (if previously assigned) Social Security No.				Date of Birth Home		Phone	Work Phone				
Verification for Program Equivalency											
Adjustment or addition to an existing license, please indicate below:											
 Completed conversion program to (elementary or secondary) education. Completed the equivalent of an approved major or minor. 											
Subject area and level				No. of CreditsNo. of Credits							
Subjects						Tro. or ereans					
I hereby recommer		(Name)									
Signature				Institution							
				Please check if you	r institutio	on is State I	Board NCATE				
Title(Dean of Education or Licensure Official)				Date							
Printed Name				Phone Number							