



INTERN SUPPORT AND SUPERVISION PROGRAM REGISTRATION FORM



Contact Information *(please print)*

Name: _____

Social Security #: _____ Date of Birth (mm/dd/yy): _____

Home Mailing Address: _____
Street/P.O. Box City State Zip

Home Phone: _____ Cell Phone: _____

Required Contact Email: _____

Employing District/Agency _____ School/Site: _____

School Phone number: _____ County: _____

Subject Area(s): _____ Grade-level(s): _____

Intern Credential Program/University: _____

Intern Coordinator's Name: _____

Intern Coordinator's Contact Information: _____

I understand that to be employed as a teacher-of-record with an Intern Credential, I must have a *current* California Intern Credential and that the validity of the Intern Credential is dependent upon enrolling and maintaining current status in an accredited Intern Credential Program/University **and** in the North Coast School of Education (NCSOE). Upon receipt of my Intern Credential, I understand that I *must* register my credential with my employing school district/agency. By signing this form, I give permission to all parties (Intern Credential Program/University, NCSOE, and Employing School District/Agency) to share my credential and program status and contact information. I understand and agree to these requirements.

Intern's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

_____ Multiple Subject _____ Single Subject - Subject Area: _____

_____ Education Specialist: _____ Mild/Moderate and/or _____ Moderate/Severe

Credential Program Coordinator: _____
Coordinator's Signature

Pre-service Requirement Met (120+ hrs): _____ Date _____ Part-time % _____ Full-time

Intern Credential filed with CCTC: _____ Issuance Date _____ Signature of Intern Credential Program/University Credential Analyst

One copy to each: NCSOE Regional Office ~ Intern Credential Program Coordinator ~ Credential Analyst ~ Participant