**Teacher Education Program (TEP) Application**

Return this form by email to [fieldplacementoffice@opsu.edu](mailto:fieldplacementoffice@opsu.edu) or in person (HMH 122)

by the Friday prior to Fall Break, or the Friday prior to Spring Break

First Name Last Name

A

School ID# Date of Birth

Race Gender (M/F) Social Security #

Certification Information

Elementary  AgEd  English  Music  HPE Math

Please circle which of the six performance criteria you are using for admission to the TEP Program. These are located on the previous page. A B C D E F

Personal Information

Mailing Address City & State ZIP

OPSU Email Address Personal Email

Phone # Cell #

Name of HS Year Graduated (M/Y)

Location of HS City County State

Recommendation Forms

Please enter the names of the **three** instructors to whom you gave the TEP Recommendation Forms:

Name Name Name

Email the Field Placement Officer if you need them to email an electronic copy of the recommendation form.

Recommendation forms are private. Instructors should email them to [fieldplacementoffice@opse.edu](mailto:fieldplacementoffice@opse.edu)

Previous Experience

In the space provided, please list any previous experience you may have working with children or youth (i.e., Sunday school, summer camp, substitute teaching, etc.)

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Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_