State of Arizona
Department of Education

Tom Horne
Superintendent of
Public Instruction

Transition To Teaching
2 Semester - Teaching Intern Program
Requirements Acknowledgement Form

***Provided by district**

I, _____ verify that I have read and understand the commitment and requirements of participating in the teaching intern program. *(Intern prints name on line.)*

1. I understand that this teaching intern program is a two semester teacher preparation program that must be completed within the two semester from the original date of issuance of the Teaching Intern Certificate.
2. I understand that I must begin coursework and student teaching as soon as the Teaching Intern Certificate is issued in order to able to complete the program in two semesters.
3. I understand that I will be teaching in the same placement, the same school and district for the two semesters of the program.
4. I understand that even if I complete my coursework early, I must continue in the teaching intern program for the two semesters to complete the student teaching component.
5. I understand that I will not be eligible for an Emergency Teaching Certificate at any time in the future in any subject area, if I choose to participate in the teaching intern program.
6. I understand that I will not be eligible for another Teacher Intern Certificate for five years from the date of the original Teaching Intern Certificate.
7. I understand that I must complete the Professional Knowledge Arizona Education Proficiency Assessment exam during the first semester to ensure passing and processing of the provisional teaching certificate. It is recommended that the Constitution requirements be completed prior to issuance of the provisional teaching certificate.
8. I understand that I must be assigned a mentor at my school site and by the university. If I do not receive this support, it is my responsibility to contact the principal, district department chairperson, university advisor and/or Transition to Teaching Director 602-364-3553. This contact should be made as soon as possible to ensure success in the program.
9. As an employee of the district, I understand that I must participate in the district's new teacher induction program and follow district policies.
10. As per State Board of Education Board Rule *[R7-2-**612 (E)].*** I understand that there are no exceptions to any the guidelines or requirements of the Teaching Intern Certificate.

By signing this document, I verify that I fully understand my commitment and the requirements to be able to participate in the Teaching Intern program under the Teaching Intern Certificate.

_____ _____
Signature *Date*

1535 W. Jefferson Street Bin #45, Phoenix, Az 85007 Office 602-364-3553 Fax 602-542-5010

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April 2009