

Office of Strategic Partnerships & Clinical Placement
 Graduate School of Education & Counseling
 Lewis & Clark College
 0615 SW Palatine Hill Road, MSC 14
 Portland, Oregon 97219-7899
 lcplacements@lclark.edu

L&C Candidate's Name:

L&C Candidate's Program:

- | | |
|---|---|
| <input type="checkbox"/> Preservice Teacher Ed. | <input type="checkbox"/> School Psychology |
| <input type="checkbox"/> School Counseling | <input type="checkbox"/> ESOL |
| <input type="checkbox"/> Preliminary Administrator | <input type="checkbox"/> Reading Specialist |
| <input type="checkbox"/> Professional Administrator | <input type="checkbox"/> Special Education |

Personal Data

Name: _____

Title: _____

School: _____

Work Phone: _____

Email: _____

Education *(begin with most recent)*

<i>College/University</i>	<i>Graduation Year</i>	<i>Degree/License</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Licenses *(begin with most recent)*

<i>License</i>	<i>Issuing State</i>	<i>Expiration Date</i>	<i>License No.*</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Find your Oregon license no. by selecting "Educator Lookup" at <http://www.oregon.gov/tspc>. Once you've found yourself, enter the exact name variant listed, birthdate, and last 4 digits of SSN to return your license number. For Washington licenses, please scan or photograph a copy of your license and email to lcplacements@lclark.edu.*

Teaching, Counseling, and/or Administrative Experience *(begin with most recent)*

<i>Position</i>	<i>School</i>	<i>In the field you are mentoring: Year first employed No. of years employed</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____