

Directions for questions 3 and 4, attach a separate page to list the following experiences:

- activities in which you have worked with children or youth during the past five years (e.g. Sunday School teaching, coaching, day care center, etc.).

Type of Experience Where Dates Responsibilities

- any community service activities in which you have been involved during the past five years.

Type of Service Activity Where Dates Responsibilities

NOTE: Iowa law states that an applicant for teacher licensure shall be disqualified for any of the following reasons:

- The applicant has been convicted of a felony.
- The applicant has a founded report of child abuse or sexual abuse of a child filed against him/her.
- The applicant's application is fraudulent (you have not told the truth in your responses).
- The applicant's license or certification from another state is suspended or revoked.

If further clarification of this law is needed, contact the Office of Teacher Education, SEC159A, 319-273-2265.

I have completed a Department of Criminal Investigation background check during my current teacher preparation experience: yes____ date DCI check completed_____ no____. (Transfer students: recent DCI checks will transfer to UNI.) If "no," I know that I have been strongly recommended to complete this check prior to entering any field experience during my UNI teacher preparation. _____yes

Applicant's signature: _____

Directions: Read the statement below. Your signature reflects your understanding of those statements and also attests to the accuracy of your responses on this application.

I believe that I have the requisite qualities to become a successful teacher. Further, I understand that my progress and performance will be subject to evaluation in accordance with generally accepted practices. I also understand that **I must keep track of my own progress in the Teacher Education Program using UNITED on MyUNIverse** and, should subsequent evaluation(s) indicate a need for remedial or professional help, I am obligated to make myself available for it or risk being suspended from the Teacher Education Program.

Applicant's signature _____ Date _____

Keep a copy of your completed application form for your professional records.

Return the completed application to: Office of Teacher Education
159A Schindler Education Center
University of Northern Iowa
Cedar Falls, Iowa 50614-0602

Office Use:	First Submission	Second Submission	Third Submission
Acceptable	_____	_____	_____
Unacceptable	_____	_____	_____