

**OFFICE OF ALTERNATIVE CERTIFICATION
INTERN INFORMATION SHEET**

Please check one:

- PACE
- Post-Bacc



Intern's Name _____ **SSN** _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Personal Email Address _____

School Email Address _____

Teaching Area/Grade Level _____

Employing District _____

Campus _____

Principal's Name _____

Campus Address _____

City _____ State _____ Zip _____

School Phone _____

Mentor's Name _____ **SSN** _____

Home Mailing Address _____

City _____ State _____ Zip _____

Home phone _____

Email address _____

University Supervisor
(to be completed by OAC)

Please complete and **submit on or before September 1** along with the following:

- Signed Employment Contract
- District Calendar
- Intern's Daily Schedule