

INTERNSHIP CREDENTIAL CHECK FORM

Legal name (as it will appear on credential):

Last First Middle

SSN: _____ Student ID #: _____

DOB: _____ Email: _____

Original Documents Needed for this Credential

- | Met | Need | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Official Transcript verifying Bachelor's Degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Clearance |
| | | <input type="checkbox"/> Met via 30-day Sub Permit _____ |
| | | <input type="checkbox"/> Verified by look-up _____ |
| | | Valid until: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | CBEST |
| | | <input type="checkbox"/> Met via 30-day Sub Permit _____ |
| | | <input type="checkbox"/> Original transcript card _____ |
| | | <input type="checkbox"/> Verified on institutional roster/date passed: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Subject Matter |
| | | <input type="checkbox"/> Passing CSET score report/subject: _____ |
| | | <input type="checkbox"/> Completed HSU subject matter major _____ |
| | | <input type="checkbox"/> Original letter from another CCTC approved IHE _____ |
| | | <input type="checkbox"/> CSET verified on institutional roster/subject: _____ |
| | | Date passed: |
| | | Subtest 1: _____ Subtest 3: _____ |
| | | Subtest 2: _____ Subtest 4: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | U.S. Constitution |
| | | <input type="checkbox"/> Course at HSU _____ |
| | | <input type="checkbox"/> Course verified by official transcript _____ |
| | | <input type="checkbox"/> Exam verified by original letter from _____ |
| | | <input type="checkbox"/> Exam at HSU _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Intern Position Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Request for Internship Credential Check Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Pre-service Requirement Met (120 hours) |
| <input type="checkbox"/> | <input type="checkbox"/> | NCBTP Intern Program Registration Form |
| | | Enhanced? _____ |
| | | Yes No |