

TIER-II CLINICAL PRACTICE RESIDENCY ATTESTATION FORM

Candidate Name: _____ Candidate University ID#: _____

Candidate AU Email: _____ Leadership Program Type¹: _____

Coach/Mentor #1 Name: _____ Position: _____ Educator Certificate ID# _____

Coach/Mentor #2 Name: _____ Position: _____ Educator Certificate ID# _____

The Georgia Professional Standards Commission (GaPSC), the state educator certification body, requires candidates seeking leadership certification in the state of Georgia to document the clinical practice (field experience) clock-hours completed during their program preparation. Tier-II Clinical practice must include field experience activities and assignments that allow candidates to experience educational leadership practices at all levels across all levels the educational management system – from principalship to superintendency. It is the responsibility of each candidate to document and provide evidence of clinical practice experiences (in scope, diversity, and increasing complexity) by submitting:

- 1. a signed original copy of this attestation form and
- 2. a signed Tier-II Clinical Practice Plan

Both documents must be verified by the candidate’s two clinical practice coaches/mentors (who must be certified educators actively employed in a leadership position in a P-12 school or LUA) and their Augusta University (AU) faculty supervisor. A Clinical Practice Attestation Form must be submitted at the beginning of the first semester of clinical practice. If the candidate changes coaches/mentors during their clinical practice, a new attestation form must be submitted. A Clinical Practice Plan must be submitted twice: *at the beginning of first semester* of clinical practice and again *at the beginning of the last semester* of clinical practice.

Candidate Attestation:

I attest that I have read and understand the above statements and that the information provided in this attestation, as well as in the attached Clinical Practice Plan, is true and accurate. I understand that if, for any reason, my employment is changed or terminated, it is my responsibility to inform my clinical practice coach/mentor and my AU faculty supervisor.

Candidate Signature: _____ Date: _____

Clinical Practice EDLR Course Numbers: _____

Clinical Practice Coach/Mentor Attestation:

We certify that we are the clinical practice coaches/mentors for the candidate named above.

Coach/Mentor #1 Signature: _____ Date: _____

Coach/Mentor #2 Signature: _____ Date: _____