

**Registration**

Submit this form to the Neff Center office at least one week prior to the beginning date for Program Interviews announced at <http://www.neffcenter.ehc.edu/Bac/interview/default.htm>.

Interview Semester:                      Fall                      Spring                      Calendar year: 20\_\_\_\_\_

Planned Student Teaching Semester: Fall                      Spring                      Calendar year: 20\_\_\_\_\_

Name: \_\_\_\_\_

E&H student mailbox number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Major Advisor's Name: \_\_\_\_\_

EHC Major: \_\_\_\_\_

Education Advisor's Name: \_\_\_\_\_

Program:      BA/BS with teacher certification  
                   BA/BS plus Professional Studies M.Ed. (5-year) with teacher certification  
                   Professional Studies M.Ed. (Fast Track) with BA/BS earned at:  
                  \_\_\_\_\_  
                  (name of college or university at which the undergraduate degree was earned)

My certification goal is:

<input type="checkbox"/> PK-3	<input type="checkbox"/> Art PK-12	<input type="checkbox"/> Health/PE PK-12 <input type="checkbox"/> endorsement in Driver Ed
<input type="checkbox"/> PK-6 and 6-8, endorsement(s) in: _____	<input type="checkbox"/> Music PK-12 <input type="checkbox"/> instrumental <input type="checkbox"/> vocal	<input type="checkbox"/> 9-12, subject(s) _____ _____

Note: Before your interview you must submit a Health Form and a Statement. These forms are available at <http://www.neffcenter.ehc.edu/bac/interview> or may be picked up in the Neff Center.

If you have questions about the Program Interview, stop by the Neff Center office in MS Hall, Room 323, or see your Neff Center advisor.

**Physician's Statement of Health**

*To the Student: The information requested below is for use in determining participation in the Teacher Education Program. Each student is required to submit this information prior to the Program Interview.*

**I understand** that this information will be used in determining my participation in the Teacher Preparation Program at Emory & Henry College. I request that my physician provide the information requested.

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**Student's Name (please print)**

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**Student's Signature**

**Date**

*To the Physician: Please complete this verification:*

I verify that the student named above has had **one** of these assessments (please check the assessment that was completed and give the date and the result):

a chest x-ray \_\_\_\_\_ Date of x-ray \_\_\_\_\_ result \_\_\_\_\_

**or**

a TB test \_\_\_\_\_ Date of test \_\_\_\_\_ result \_\_\_\_\_

I have interviewed the student and reviewed the student's health record. Based upon my interview and the medical record, I believe that the student is both physically and emotionally qualified to participate in preparation for classroom teaching.

Physician's comments:

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**Physicians's Signature**

**Date**

**Please return the completed Physician's Statement of Health to:**

Postal Mailing Address: Neff Education Center, EHC  
P.O. Box 947  
Emory, VA 24327  
Campus Location: Room 323, McGlothlin-Street Hall  
FAX: 276-944-6880



