College of Education, Health and Human Services

Vacca Office of Student Services

**Student Teaching Prerequisite Verification Form**

***Directions:*** *If you have not received a certificate of completion, email of completion or took the training in a college course for either the A.L.I.C.E. training or CPR/HED training, please fill out this form. Once you have completed the appropriate section, upload this form to the appropriate place in the Student Teaching Trainings Portal*, <https://stuportal.ehhs.kent.edu/clinExp/clinExp_stu.php>.

**Name:** Click or tap here to enter text.

**Major:** Click or tap here to enter text.

**Flashline Username:** Click or tap here to enter text.

**Kent State ID Number:** Click or tap here to enter text.

**Student Teaching Semester:** Click or tap here to enter text.

**A.L.I.C.E. Training**

 If you were given a certificate after the A.L.I.C.E. training was completed, please upload it to the Student Teaching Trainings Portal. If you did not receive a certificate, please explain where and when you took this training:

|  |
| --- |
| Click or tap here to enter text. |

**CPR/AED**

 If you were certified in CPR/AED through either course, HED 4/54543 or HED 4/52575, please fill in the information below:

**Course Number Taken:** **Semester:**

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

**Student Signature: Date**:

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

If you have any questions, please feel free to contact Sherry Cundra, scundra@kent.edu.