

AUGUSTA UNIVERSITY  
DEPARTMENT OF TEACHING & LEADING  
COLLEGE OF EDUCATION

**CLINICAL PRACTICE (FIELD EXPERIENCE) ATTESTATION FORM  
FOR LEADERSHIP CERTIFICATION CANDIDATES**

Candidate Name: \_\_\_\_\_ Candidate University ID#: \_\_\_\_\_

Candidate AU Email: \_\_\_\_\_ Leadership Program Type<sup>1</sup>: \_\_\_\_\_

Clinical Practice Mentor Name: \_\_\_\_\_ Mentor Certification 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. Clinical practice must include field experience activities and assignments across that allow candidates to observe educational leaders at all levels – elementary, middle, high school, and central office. 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 Clinical Practice Plan (please see next page).

Both documents must be verified by the candidate’s clinical practice mentor (who must be a certified educator 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 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 mentor and my AU faculty supervisor.*

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Practice EDLR Course Number: \_\_\_\_\_

**Clinical Practice Mentor Attestation:**

*I certify that I am the clinical practice mentor for the candidate named above.*

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<sup>1</sup> M.Ed., Certification-Only, etc.

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