



UNIVERSITY  
of HAWAII®  
MĀNOA

## GROUP LEADERSHIP CERTIFICATION FORM (FIELD EXPERIENCE)

Applicants to the University of Hawai'i at Mānoa (UHM) College of Education (COE) teacher licensure programs (elementary and secondary) are required to have supervised group leadership field experiences that are deemed appropriate by the COE Office of Student Academic Services. This field experience is normally completed prior to formal admission into the teacher education program. The objectives of this requirement are: (1) to validate the applicant's choice of education major; (2) to develop and enhance the applicant's self-confidence in working effectively with his/her target audience.

INSTRUCTIONS: Please type or print legibly when completing this form. If you have any questions, please email [osas@hawaii.edu](mailto:osas@hawaii.edu) or call (808) 956-7915 / (808) 956-7849.

Please FAX this completed form to: (808) 956-4271; or email in PDF form to: [osas@hawaii.edu](mailto:osas@hawaii.edu)

### THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Last, First, M.I.

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

- Which Program Are You Applying To? (Choose One)
- |  |  |
|--|--|
| <input type="radio"/> Elementary (K-6)           | <input type="radio"/> Elementary & Early Childhood (PK-6)          |
| <input type="radio"/> Secondary (6-12)           | <input type="radio"/> Elementary & Multilingual Learning (K-6)     |
| <input type="radio"/> KRS (K-12)                 | <input type="radio"/> Elementary/Hawaiian Language Immersion (K-6) |
| <input type="radio"/> SPED (PK-12) Severe/Autism | <input type="radio"/> Exceptional Students & Elementary (K-6)      |
| <input type="radio"/> SPED (6-12) Mild/Moderate  | <input type="radio"/> Early Childhood/Early Childhood SPED (PK-3)  |

*I hereby certify that the information submitted for this application is complete and correct. I recognize that any intentional misrepresentation may be grounds for non-admittance or disenrollment from the College of Education. I authorize the University of Hawai'i College of Education to obtain information from any individual listed on this form or any other documents related to my application and waive the right to hold liable those persons from providing any requested information. It is understood that such information is to be held confidential.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY THE SUPERVISOR**

This is to verify that \_\_\_\_\_ has satisfactorily completed a group leadership field experience with a group of children/youth ages \_\_\_\_\_ for a total of \_\_\_\_\_ contact hours. The activities and responsibilities of the applicant's experience are described below.

Applicant's Position Title: \_\_\_\_\_

PLEASE DESCRIBE RESPONSIBILITIES/GROUP ACTIVITIES CONDUCTED BY THE APPLICANT:

Date of Services: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Supervisor's Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_