



NAZARETH COLLEGE  
School of Education  
Office of Clinical Experience and Partnerships

**SBTE Remuneration Documentation**  
*(Speech and Language Pathologist)*

To obtain your remuneration, please complete this form and your W-9 and **mail via US Postal Service** by the LAST day of the teacher candidate's placement to:  
*Nazareth College, Attn: Office of Clinical Experiences and Partnerships, 4245 East Avenue, Golisano Academic Center Room 277, Rochester, NY 14618*

**I. SCHOOL-BASED TEACHER EDUCATOR (SBTE) INFORMATION:**

SBTE Name \_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_ (required)

Previous Name(s) \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently employed of Nazareth College? No Yes (if yes, please list the department) \_\_\_\_\_

*(Employees includes adjunct or part-time/full-time staff and faculty)*

**II. PLACEMENT INFORMATION:**

Name of Teacher Candidate (Student Teacher): \_\_\_\_\_

School District: \_\_\_\_\_ Name of School: \_\_\_\_\_

Placement: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

During the time the teacher candidate was in your room did you and another SBTE **equally share the supervision** of the teacher candidate?  
No Yes (If yes, you will equally split your remuneration with the other SBTE. Please choose an option that states “with two SBTEs”)

**III. SELECT REMUNERATION OPTION:**

Please select only ONE option based on your time with the teacher candidate and whether you supervised the teacher candidate by yourself, or with another SBTE.

**Cash Waiver:** \$100 *(placement with two SBTEs)*

\$200 *(placement with one SBTE)*

**Tuition Waiver** 1.5 credits *(placement with one SBTE)*

**IV. SCHOOL-BASED TEACHER EDUCATORS TAX INFORMATION**

I understand that according to current tax laws, there may be tax implications related to the remuneration I receive.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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FOR COLLEGE APPROVAL ONLY

ACCOUNT NUMBER: 11-0307011-53194

Dept. Head: \_\_\_\_\_

Controller: \_\_\_\_\_

Treasurer: \_\_\_\_\_

AP type: \_\_\_\_\_

Due Date \_\_\_\_\_

Vendor # \_\_\_\_\_

Voucher # \_\_\_\_\_

Check # \_\_\_\_\_

By \_\_\_\_\_