



**Washburn University
Teacher Licensure
Individual Professional Education Plan (IPEP)
Chemistry grade 6-12**

Educating Reflective Educators

Name _____ Date _____

Identification/Social Security Number _____

Telephone Contact Number _____

Degree	Institution	Major Area of Study	Year
_____	_____	_____	_____
_____	_____	_____	_____

Current Teaching License(s) /Year/State Awarded/Number of Years Teaching:

Professional Plan Licensure Area (Content Area):

Content Area Course Requirements	Anticipated Semester of Completion or Course Substitutions
CH 151 Fund of Chemistry I(5)	_____
CH 152 Fund of Chemistry II(5)	_____
CH 340 Organic Chemistry I(3)	_____
CH 342 Organic Chemistry Lab I(2)	_____
CH 341 Organic Chemistry II(3)	_____
CH 343 Organic Chemistry Lab II(2)	_____
CH 320 Analytical Chemistry(3)	_____

CH 321 Analytical Chemistry Lab(1)	_____
PS 261 College Physics I(5) and PS 262 College Physics II (5) OR PS 281 General Physics I(5) and PS 282 General Physics II(5)	_____ _____ _____
CH 350 Biochemistry I (3)	_____
CH 351 Biochemistry Lab (2)	_____
CH 390 Chemistry Research(1)	_____
CH 391 Chemistry Seminar(1)	_____
MA 116 College Algebra(3)	_____
MA 117 Trigonometry(3)	_____

Professional Education Course Requirements

**Anticipated Semester of Completion
or Course Substitution**

ED 150 EPIC(1)	_____
ED 200 Educational Psychology(3)	_____
ED 225 Becoming an Ed Professional(3)	_____
ED 300 Integrating Technology(3) (prerequisite CM 101 or equivalent)	_____
ED 302 Exceptional Learners(3)	_____
ED 385 Foundations(3)	_____
ED 352 Methods of Tchg Sci in Sec Sch(3) or ED 350 Secondary Methods	_____
ED 402 Teaching Struggling Learners(2)	_____
RD 484 Teaching Reading/Content Areas(3)	_____
Student Teaching Semester ED 400 Understanding the School(2)	_____
ED 405 Classroom Management(1)	_____

ED 410 Secondary Student Teaching(12)

PPST Completion _____

Admissions Application _____

PLT Completion _____

Content Exam Completion _____

Department Major Chairperson or
UTECH Liaison/Date

Department of Education Chairperson or
Certification Officer/ Date

Licensure Candidate/Date