

Early Childhood Prekindergarten – Third Grade (EPK3) Program

EPK3 Internship Application Checklist

Last Name _____ First Name _____ G# _____

I have passed the following*:

Yes	No	Praxis I (or ACT or SAT)
Yes	No	VCLA
Yes	No	Praxis II
Yes	No	Child Abuse and Neglect Training Course

*If any tests have not been passed, indicate date scheduled to take test.

Please initial:

_____ I understand that I must take the VRA after completing EDUT 513 and 613 and must obtain a passing score prior to being recommended for licensure.

Submit four copies of the following to Lauren Clark, the Field Relations Support Specialist, in Robinson A 308 by September 15 for spring internships and February 15 for fall internships:

- _____ Completed application signed by an academic advisor
- _____ Current resume
- _____ A one- to two-page, double-spaced, typed goal statement related to the internship
- _____ Unofficial Mason transcript (may be obtained from PatriotWeb at <https://patriotweb.gmu.edu>)
- _____ Copies of passing Praxis I, Praxis II, and VCLA scores or documentation that the student has registered for the tests
 - If documentation of passing scores is not submitted at the time of the application, documentation must be provided prior to beginning the internship. Students will not be permitted to begin the internship unless they have obtained passing scores on the VCLA and the Praxis II.
 - If you don't have a copy of your passing Praxis I and II scores, please request one from www.ets.org.
 - If you don't have a copy of your passing VCLA scores, please request one from www.va.nesinc.com.
- _____ Documentation that all endorsement courses have been met
- _____ Certificate of successful completion of the online child abuse and neglect training
- _____ Negative TB test results (must be current within a year of the internship)

Please note that the application deadline is September 15 for spring internships and February 15 for fall internships. Late applications will not be accepted.

I certify that I have included the items checked on the list.

Signature

Date

FOR UNIVERSITY AND SCHOOL USE ONLY

Recommendation for Internship Placement

School: _____

Telephone Number: _____

Subject/Grade Level(s): _____

Beginning and Ending Dates: _____

Cooperating Professional: _____

University Supervisor: _____

Comments: _____