This application is to be completed by students requesting placement at an internship site(s).

*Check the appropriate deadline for your application. You should begin preparing your materials several weeks in advance of your intended deadline.*

- **Spring Applications**—Due to Clinical Practice Specialist by September 15
  (Any required licensure testing must be completed and reported no later than August 1st)

- **Fall Applications**—Due to Clinical Practice Specialist by February 15
  (Any required licensure testing must be completed and reported no later than January 1st)

**NOTE:** _Incomplete applications OR applications turned in past the deadline WILL NOT BE ACCEPTED_

**STEPS FOR APPLYING:**

**STEP 1**
Provide official passing scores for all applicable tests. All official and passing test scores must be submitted and in the Mason system (i.e. Banner/PatriotWeb) by the application deadline. Reporting information can be found at [https://cehd.gmu.edu/teacher/test/](https://cehd.gmu.edu/teacher/test/)

**STEP 2**
Add on the secondary licensure graduate certificate. You must be enrolled in the Early Childhood Education PK3 (EPK3), the Early Childhood Special Education (ECSE), or the Dual Licensure EPK3 and ECSE Graduate Certificate to apply for an internship.

**STEP 3**
Indicate which of the following internships for which you are applying (consult with an advisor to ensure you register for the correct internship):

- [ ] ECED 790 Internship with Diverse Preschool Children (3 credits)
- [ ] ECED 791 Internship with Diverse Infants/Toddlers (3 credits)
- [ ] ECED 793 Internship in Preschool Early Childhood Special Education (3 credits)
- [ ] ECED 795 Internship in Kindergarten – Third Grade (3 credits)
STEP 4
Complete internship application packet. Packet must include the following:

☐ Complete the ONLINE internship application BEFORE submitting your paper application at [http://cehd.gmu.edu/internship-application](http://cehd.gmu.edu/internship-application).

☐ Internship Application

☐ Unofficial Mason transcript (available at [http://patriotweb.gmu.edu](http://patriotweb.gmu.edu))

☐ A Two-Page, Typed Goals Statement (*NOTE: Students may use an updated version of the goals statement submitted as part of their application to the program.*)

☐ Current Resume

☐ Completed Endorsement Checklist (EPK3 and Dual Licensure students only)

☐ Certificate of Successful Completion of the online child abuse and neglect training

☐ Negative PPD/Skin TB test results (must be current within 12 months of the internship start date)

☐ Submit your First Aid/CPR/AED certification documentation with G-Number noted. (Visit [http://cehd.gmu.edu/teacher/emergency-first-aid](http://cehd.gmu.edu/teacher/emergency-first-aid) for criteria and steps) to internsh@gmu.edu or in person to Thompson Hall, Suite 1700. Your certification must include a hands-on training component. We will not accept online-only training.

If you withdraw from your internship, a new application and supporting documents are required by the following applicable semester deadline.

STEP 5
Obtain advisor’s signature. Your application must have your advisor’s signature before you submit your packet to the internship coordinator. Submit two complete, collated packets including all supporting documentation to your advisor at least 2 weeks prior to deadline for application submission to the clinical practice specialist. You are encouraged to meet with your advisor in advance of the due date to review your program status and plans for internship. If you do not arrange a meeting, you will need to include a fax number or self-addressed, stamped envelope with your packet so that your signed application may be returned to you.

STEP 6
Submit copies of the completed packet with all necessary signatures to the clinical practice specialist (Thompson 1708 or mail to the address at the top of the application) by the deadline. Students applying for an internship should submit 2 copies. Students should retain a copy of the packet for their records.

Traditional students register at [https://patriotweb.gmu.edu](https://patriotweb.gmu.edu).
Internship period: _____Fall  ____Spring
Year: ______

APPLICANT INFORMATION:
Name: __________________________________________________________________________________________
                                      Last                        First                        Middle Initial
G Number: ______________________________  Mason E-Mail ______________________________
Current Address ____________________________________________________________
  Street                        City                        State                        Zip
Current Phone: Day __________________________  Evening ____________________________

CONCENTRATION INFORMATION:

Licensure Certificate Program (check one)
___Early Childhood Special Education (ECSE)
___Early Childhood Pre-Kindergarten – Third Grade (EPK3)
___Dual Licensure EPK3 and ECSE

NOTE: The licensure certificate program should correspond with the certificate program listed on your unofficial transcript under the Current Program section. Please check your unofficial transcript to ensure you are in the appropriate program and applying for the correct internship.

Test Scores (check one for each test):
Praxis Core Academic Skills for Educators Tests or substitute (ACT/SAT): _____ on file
VCLA: _____ on file
Praxis II (EPK3 and Dual Licensure only): _____ on file  _____ n/a

Explain reason for exemption from any of the above tests and provide documentation, such as copy of teaching license, if applicable. See advisor regarding exemptions.):
EARLY CHILDHOOD EDUCATION INTERNSHIP PLANS

Check one:

☐ This is my first internship.

☐ I am applying for multiple internship placements within the same semester.

☐ This is not my first internship. If you have completed internships previously, list internship details below:

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<thead>
<tr>
<th>Name of School</th>
<th>Grade/Age Level</th>
<th>No. of Credits</th>
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ADVISOR REVIEW (To Be Completed by Advisor)

I certify that the student has completed all endorsement (EPK3 and Dual Licensure only) and other requirements to participate in this internship.

Signature of Advisor: ___________________________ Date: _______________