SITE SUPERVISOR – COUNSELING & DEVELOPMENT
INSTRUCTIONS FOR PAYMENT

To ensure efficient compensation for your services, these procedures must be followed for the processing of honorariums. Please note that payment takes a minimum of six weeks to be processed after your paperwork is submitted to the Clinical Practice Specialist. Forms must be turned in no later than 30 days after the last day of the internship. Honorarium checks are delivered via mail.

Required Payment Forms:

- Site Supervisor Pay Form
- W9 (Virginia tax form). Everyone must complete, sign, and date the W9 form. (W9 is available online at doa.virginia.gov)

Please send all forms to the following address:

Clinical Practice Specialist
CEHD
George Mason University
4400 University Drive, MS 6C13
Fairfax, VA 22030

Or, please fax the completed forms to 703-993-5701.

If you have questions, please contact:
Clinical Practice Specialist
703-993-9777
internsh@gmu.edu

Updated August 2016
SITE SUPERVISOR – COUNSELING & DEVELOPMENT
PAY FORM

Please complete this pay form and return to the Clinical Practice Specialist, along with your completed W9. Payment forms should be submitted before the end of the practicum/internship experience. Please note that payment takes a minimum of six weeks to process honorarium payments. Note, supervisors who have a G number will be issued a check with the name that is in Mason’s system.

SITE SUPERVISOR’S NAME: ______________________________________________________

SOCIAL SECURITY NUMBER: ______________________________________________________

RACE/ETHNICITY INFORMATION* (Please check only one category):

<table>
<thead>
<tr>
<th>American Indian or Alaska Native</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>Two or more races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Hispanic or Latino</td>
<td>Race/ethnicity Unknown</td>
</tr>
<tr>
<td>Black or African American</td>
<td>White</td>
<td>Do Not Choose to Respond</td>
</tr>
</tbody>
</table>

*THIS INFORMATION IS COLLECTED FOR COUNCIL FOR THE ACCREDITATION OF EDUCATOR PREPARATION (CAEP) RECORDING PURPOSES ONLY.

EMAIL ADDRESS: ______________________________________________________

HOME ADDRESS: ______________________________________________________

____________________________________________________

HOME PHONE: ______________________________________________________

INTERNESHIP SITE: ______________________________________________________

SEMESTER AND YEAR: ______________________________________________________

NAME OF CANDIDATE SUPERVISED: ________________________________________

DATE FORM SUBMITTED: ________________________________________________

HONORARIUM FOR SITE SUPERVISORS:

200 hour practicum/internship: $150 ______

Shared supervision role: $75 ______

I choose NOT to be compensated: ______

I attest that the information I have provided on this form is accurate: ______________________ (please sign)

Updated August 2016