COOPERATING TEACHER
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:

- Cooperating Teacher Pay Form
- W9 (federal tax form). Everyone must complete, sign, and date the W9 form. (W9 is available online at www.irs.gov)

Please send all forms to the following address:

Comfort Uanserume
Clinical Practice Office
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:

Comfort Uanserume
Clinical Practice Specialist
703-993-9777
internsh@gmu.edu

Updated October 2013
Please complete this form and return to the Clinical Practice Specialist, along with your completed W9 form during the first month of your work with our intern. **Please note that payment takes a minimum of six weeks to process after the Clinical Practice Specialist receives this paperwork.**

TEACHER’S NAME: ______________________________________________________

SOCIAL SECURITY NUMBER: ____________________________________________

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- White
- Two or more races
- Race/ethnicity Unknown
- Do Not Choose to Respond

* THIS INFORMATION IS COLLECTED FOR NATIONAL COUNCIL FOR ACCREDITATION OF TEACHER EDUCATION (NCATE) RECORDING PURPOSES ONLY.

EMAIL ADDRESS: ______________________________________________________

HOME ADDRESS: ______________________________________________________

HOME PHONE: ________________________________________________________

SCHOOL NAME: ________________________________________________________

GRADE LEVEL/SUBJECT TAUGHT: ________________________________________

NAME OF INTERN SUPERVISED: ________________________________________

DATE SUBMITTED: ____________________________________________________

HONORARIUM FOR COOPERATING TEACHERS: 5-6 wks $75 _____

7-8 wks $100 _____

15-16wks $200 _____

I choose NOT to be compensated _____

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