

**EARLY CHILDHOOD EDUCATION PK3 and  
EARLY CHILDHOOD SPECIAL EDUCATION  
ON-THE-JOB INTERNSHIP APPLICATION**

**George Mason University  
College of Education and Human Development  
Educator Preparation Office**

4400 University Drive  
**Thompson 1708, MS 6C13**  
Fairfax, VA 22030-4444  
(703) 993-9777

This application is to be completed by students using current employment as an internship placement. Students requesting placement should NOT complete this application; the application for placement can be found at

<http://cehd.gmu.edu/teacher/internships-field-experience>.

CEHD's priority is that all candidates receive adequate support and supervision. Periodic visits from a university supervisor cannot fill the gap created by the absence of daily modeling and/or feedback from a qualified mentor. The purpose of this contract is to ensure that you are getting the support you need as a candidate from your mentor teacher, supervisor, and school officials.

**APPROVED ON-THE-JOB (OTJ) APPLICATIONS MUST MEET THE FOLLOWING CONDITIONS:**

- An appropriate mentor teacher must be identified to provide support and feedback to the candidate during the internship period. Students may identify a mentor teacher themselves or have a principal at their school select a teacher who has been certified for at least 3 years in the candidates' subject area.
- The position is in the area for which licensure is sought.
- The position must provide the candidate with experiences at the ages and/or grade levels in which they seek licensure.
- The candidate must be supported daily by a mentor teacher who is licensed and experienced in the candidates' licensure area.
- The candidate must complete the full period of internship prescribed for the state-approved program.
- If the candidate currently holds a position other than as a full-time teacher (i.e., instructional assistant or health awareness aide), then the candidates' employer must approve the change in the candidates' employment status to fulfill the OTJ requirement.

## **STEPS FOR APPLYING**

*Check the appropriate deadline for your application. Applications must be signed by your advisor before being submitted to the Clinical Practice Specialist. Submit two complete packets to your advisor for review at least 2 weeks prior to the deadline.*

- Spring On-The-Job Applications—Due to Clinical Practice Specialist by **November 1**
- Fall On-The-Job Applications—Due to Clinical Practice Specialist by **May 1**

**NOTE: Any application turned in past the deadline WILL NOT BE ACCEPTED.**

### **STEP 1**

**Complete and provide official passing scores for all applicable tests.** Sealed, official score reports for all applicable tests should be sent to CEHD Admissions, 4400 University Dr., MS: 4D1, Fairfax, VA 22030. **All official and passing test scores must be submitted and in the Mason system (i.e. Banner/PatriotWeb) by the application deadline.**

### **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**

**Complete the on-the-job 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>.**
- Internship Application
- Unofficial Mason transcript (available at <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)
- Please submit your applicable First Aid/CPR/AED training/certification documentation with G-Number noted (visit <http://cehd.gmu.edu/teacher/emergency-first-aid> for criteria and steps) to [internsh@gmu.edu](mailto:internsh@gmu.edu) or in person to Thompson Hall, Suite 1700.

**All documents are required by the application deadline.**

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

#### **STEP 4**

**Obtain advisor's signature.** Your application must have your advisor's signature before you submit your packet to the internship coordinator. Submit two complete 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 5**

**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 on-the-job internship should **submit 2 copies**. Students should retain a copy of the packet for their records.

#### **STEP 6**

**Register for your internship (consult with an advisor to ensure you register for the correct internship):**

- ECED 788 Internship in Kindergarten –Third Grade (6 credits)
- ECED 789 Internship in Preschool Early Childhood Special Education (6 credits)

Traditional students register at <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 \_\_\_\_\_

**PROGRAM 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:

**Name of School**

**Grade/Age Level**

**No. of Credits**

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***ON-THE-JOB INTERNSHIP SETTING/INFORMATION (TO BE COMPLETED BY STUDENT):***

**District/County:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Describe or attach your daily schedule:**

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***6 credit hours—300 contact hours (standard)***

**Number of weeks needed to log hours** \_\_\_\_\_

***NOTE: Internships that require more than 6 weeks for contact hours to be accumulated require approval from the Clinical Practice Specialist.***

I certify that the information provided in this application is accurate. My teaching responsibilities will include direct instruction, co-teaching support, and/or small group direct instruction. If my position changes, I will notify my advisor and the internship coordinator. I understand that if the parameters of my position change, I may no longer be eligible for an on-the-job internship. I certify that I have completed all endorsement requirements (EPK3 only) and prerequisites and will conduct myself in a professional manner at all times during my internship. Should I withdraw or defer my application, I am also responsible for all fees incurred and for alerting my University Supervisor, Program Advisor, and the Clinical Practice Specialist via a written request.

**Signature of Internship Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***MENTOR TEACHER (TO BE COMPLETED BY STUDENT WITH MENTOR TEACHER):***

*NOTE: The mentor teacher should be someone with at least 3 years of teaching experience and who is licensed in the area in which the student is completing the internship. The mentor teacher will provide written and verbal feedback regarding lesson planning and classroom instruction. S/he will meet with the intern no less than once every 2 weeks to complete university-required paperwork.*

**Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Area/s of licensure/endorsement (exclude provisional/conditional):** \_\_\_\_\_

**Years of teaching experience:** \_\_\_\_\_

**Briefly describe the agreed upon schedule for meetings/feedback between the candidate and mentor teacher:**

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I certify that the information above is accurate, and I agree to fulfill the responsibilities of the mentor teacher, as outlined in the internship manual, during the period of the applicant's internship.

**Signature of Mentor Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***PRINCIPAL/ SITE DIRECTOR APPROVAL:***

I certify that the descriptions of the on-the-job internship setting and mentor teacher are accurate and that the division officials are aware of the necessary changes in employment status to fulfill the on-the-job internship.

**Name of Principal/Site Director:** \_\_\_\_\_

**Signature of Principal/Site Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***ADVISOR REVIEW (To be completed by advisor)***

I certify that the student has completed all endorsement and other requirements to participate in this internship. I have reviewed the setting and supervision of the applicant's current employment and agree that the placement is conducive to fulfilling the requirements for internship.

**Signature of Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_