

ON-THE-JOB INTERNSHIP APPLICATION

**ELEMENTARY 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 their current employment as an internship placement. Students requesting a traditional internship placement should NOT complete this application; that 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:

- The candidate must be supported daily by a mentor teacher or other supervisor who holds a Virginia teaching license in the candidates' licensure area and who has at least three years of teaching experience. This person must be located in the candidate's school building. To determine an appropriate Mentor Teacher for internship, the student must either choose for themselves or have a principal at their school select a teacher
- The position must be full-time and must be 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 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.
- If the conditions for an approved on-the-job internship are not met, and the candidate accepts a full-time teaching position before completing a state approved program, the student must seek licensure through their employers in accordance with state regulations for a provisional licensure.

Student contact information is requested here solely for the purpose of facilitating your internship placement. By submitting this application, you affirmatively acknowledge that your contact information (name, phone number, email, and/or address) will be shared with school personnel for facilitating such placements and communications regarding those placements

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STEPS FOR APPLYING

Check the appropriate deadline for your application. You should begin preparing your materials several weeks in advance of your intended 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: Incomplete or late applications WILL NOT BE ACCEPTED.

STEP 1: Complete and 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/>

By checking the box, you are confirming that you have earned passing scores for Virginia teacher licensure:

- Praxis Core Academic Skills for Educators Tests (or qualifying substitute)
- VCLA
- Elementary Education: Multiple Subjects Exam (students must pass each section)
- RVE

STEP 2: Complete the on-the-job internship application packet. Packet must include the following:

- Complete the ONLINE internship application BEFORE submitting your paper**
- Internship Application
- Unofficial Mason transcript
(Available at <http://patriotweb.gmu.edu>)
- Printout of Degree Evaluation from Degree Works at time of application
- 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
- Submit your **First Aid/CPR/AED** certification documentation with G-Number noted (visit <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

STEP 3: Obtain advisor's signature. Your application must have your advisor's signature before you submit your packet to the clinical practice specialist. Submit one complete packet including all supporting documentation to your advisor at least 2 weeks prior to deadline for application submission. You are encouraged to meet with your advisor in advance of the due date to review your program status and plans for internship.

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STEP 4: 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 1 copy**. Students must retain a copy of the packet, including all documents, for their records.

STEP 5: Register for your internship via Patriot Web.

All documents are required by the application deadline.

Any changes in internship status must be reported to the Educator Preparation Office. If you withdraw from your internship, a new application and supporting documents are required by the following applicable semester deadline.

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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 _____

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

District/County: _____ School: _____

Describe or attach your daily schedule:

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: _____

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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:

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 testing 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:** _____