EARLY CHILDHOOD EDUCATION PK3 and EARLY CHILDHOOD SPECIAL EDUCATION INTERNSHIP APPLICATION

George Mason University
College of Education and Human Development

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
☐ Fall Applications—Due to Clinical Practice Specialist by February 15
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 testing. All <u>official</u> 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/ .
If there is an issue regarding test completion for your application, you must contact internsh@gmu.edu prior to the internship 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.
\square STEP 3: Complete internship application packet. Packet must include two copies of 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)
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 (EPK3 and Dual Licensure students only)
	Certificate of completion of the online child abuse and neglect training
	Certificate of completion for the Dyslexia Module
	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 2300. Your certification must include a hands-on training component. We will not accept online-only training. E: All candidates placed in a school district for internship or practicum will be
part o	red to submit a negative TB test result or screening to the appropriate HR office as of the fingerprinting and background process. After submitting your application, you eceive an email from the Clinical Practice Specialist (internsh@gmu.edu) about the ad fingerprinting requirements within 2-4 weeks. Please monitor your Mason email nt.
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Any changes in internship status must be reported to the Clinical Practice Specialist (internsh@gmu.edu). If you withdraw from your internship, a new application and supporting documents are required by the following applicable semester deadline.

internship application are missing, your application will not be submitted and this may result in

Please note the following:

missing the deadline.

- In order to be eligible for traditional internship placement through a cooperating public school division, applicants <u>must</u> have a valid social security number at the time of application submission.
- Scheduling Note: Internships follow school division schedules. (For example, you will follow your school's scheduled spring break.) You will also be required to follow your mentor teacher's daily schedule, which in some cases may require activities outside of typical school hours. Internships begin at least 1 week before the start of the Mason semester.

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.

*I certify that I have read the previous steps/instructions carefully and I have included all required items checked on this list in my packet for advisor review and signature:

Student Signature: _	
Date:	

Internship period:FallSpring					
Year:					
APPLICANT INFORMATION:					
Name: Last First Middle Initial					
G Number: Mason E-Mail					
Wason E-Man					
Current Address Street City State					
Current Phone: Day Evening	-				
Current I none. 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 Elementary Education: Multiple Subjects Test (EPK3 and Dual Licensure only):	on file n/a				
Explain reason for exemption from any of the above tests and provide documentation, su license, if applicable. See advisor regarding exemptions.	ich as copy of teaching				

EARLY CHILDHOOD EDUCATION	ON INTERNSHIP PLANS			
Check one:				
\Box This is my first internship.				
☐ I am applying for multiple internship placements within the same semester.				
☐ This is not my first internshi	p. If you have completed internships previously, li	st internship details below:		
Name of School	Grade/Age Level	No. of Credits		
ADVISOR REVIEW (To Be Compl	leted by Advisor)			
I certify that the student has complet participate in this internship.	ted all endorsement (EPK3 and Dual Licensure onl	ly) and testing requirements to		
Signature of Advisor:		Date:		