

**ESL LICENSURE PROGRAM
ON-THE-JOB
INTERNSHIP APPLICATION**

**George Mason University
College of Education and Human Development
Educator Preparation Office**
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The greatest concern of CEHD 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.

APPLICATION DEADLINES: **All documents are required by the application deadline.******

- Spring Applications – November 1
- Fall Applications – May 1

Complete the ONLINE internship application BEFORE submitting your paper application.

<http://cehd.gmu.edu/internship-application>

BEFORE TURNING IN YOUR APPLICATION TO THE CLINICAL PRACTICE SPECIALIST: By checking the box, you are confirming that you have met the requirement:

- **All official and passing test scores must be submitted and in the Mason system (i.e. Banner/PatriotWeb) by the application deadline.****
- 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 or in person to Thompson Hall, Suite 1700.

COMPLETED APPLICATION MUST INCLUDE:

- Submit 2 complete packets, collated in the following order:**
 1. Request for Approval of On-the-Job Internship,
 2. Unofficial GMU Transcript,
 3. Printout of Degree Evaluation from Degree Works at time of application,
 4. Goals Statement,
 5. Resume.

NOTE:

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 who has been certified for at least 3 years in the candidates' subject.

APPROVED ON THE JOB APPLICATIONS MUST MEET THE FOLLOWING CONDITIONS:

- The student must have completed all coursework for internship, or has permission of faculty advisor to complete some requirements during or after the internship.
- The position is in the area for which licensure is sought.
- The position must provide the candidate with experiences at the grade levels in which he/she seeks licensure.
- The candidate must be supported daily by a mentor teacher or other supervisor 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 non-full time position (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 provisional licensure.

NOTE: Any application turned in past the deadline WILL NOT BE ACCEPTED. If you withdraw from your internship, a new application and supporting documents are required by the applicable semester deadline.

REQUEST FOR APPROVAL OF ON-THE-JOB INTERNSHIP

Name: _____	G Number: _____
School: _____	School Division: _____
Mentor Teacher Name: _____	Mentor Teacher Licensure Status: _____
Endorsement Area: _____	Internship Semester and Year: _____

Describe in detail the paid position that you would fill during your internship, including duties, grade level(s), teaching responsibilities and other duties (attach an additional or separate sheet if necessary):

Describe in detail your daily schedule and the on-site supervision that would be provided during your internship, including the name(s), position(s), certification(s), and experience of the supervisor(s) (attach an additional or separate sheet if necessary):

Describe the roles of supervisors or colleagues who will provide support and feedback. List the activities and schedule for regular support and observation feedback:

Principal or Program Director Signature

I certify that the descriptions above are an accurate description of the support available to the candidate and that the division officials are aware of the necessary changes in employment status to fulfill the on-the-job internship.

Signature of Approval from Principal or Program Director: _____
Date: _____

Recommendation of GMU Advisor:

I certify that the student has completed all endorsement and testing requirements to participate in this internship.

Advisor Signature: _____ Date: _____