SECONDARY 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

Last Name: __________________  First Name: __________________  G# ______________

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 November 1st
(Any required licensure testing must be completed and reported no later than September 15th)

☐ Fall Applications—Due to Clinical Practice Specialist by May 1st
(Any required licensure testing must be completed and reported no later than March 15th)

Incomplete applications OR applications turned in past the deadline WILL NOT BE ACCEPTED

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 must be full-time and must be in the subject area for which licensure is sought. This means your contract and provisional license must be in your subject area.

• 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 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 candidate must complete the full period of internship prescribed for the state-approved program.

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.

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.

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.
STEPS FOR APPLYING:

☐ STEP 1: Complete and provide official passing scores for all applicable tests (listed below).
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/
If there is an issue regarding test completion for your application, you must contact the Educator Preparation Office at internsh@gmu.edu prior to the internship application deadline.

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
☐ Praxis II (Subject Assessment exam in your specific endorsement area)

☐ STEP 2: Complete internship application packet. Packet must include the following:

☐ Request for Approval of On-the-Job Internship
☐ Unofficial GMU Transcript
☐ Printout of Degree Evaluation from Degree Works at time of application
☐ Goals Statement
☐ Resume
☐ Completed and Approved Endorsement Checklist (note, if your endorsements are complete, you will have a completion date in the completion window)
☐ Copy of Provisional License or Teaching Contract
☐ 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 at least 2 weeks prior to deadline.
Provide two complete, collated packets including all supporting documentation to your advisor for review at least 2 weeks prior to deadline. Your application must have your advisor’s signature before you submit your packet to the clinical practice specialist. Applications that are not signed by your advisor will not be accepted.

☐ STEP 4: Submit 2 collated 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. If you are dropping your materials off after business hours, you may place packets in the drop box outside of Thompson 1700. Please retain a copy of the packet for your records.

☐ STEP 5: Register for EDCI 490 OR EDCI 790 Internship AND EDCI 491 OR EDCI 791 Seminar.
Register for EDCI 490 OR EDCI 790 (6 credits) on Patriot Web, https://patriotweb.gmu.edu. Please be sure to select the section for your content area. Students are required to register for the applicable seminar course, EDCI 491 or EDCI 791.

All approved interns are required to attend a mandatory orientation meeting prior to beginning internship.

*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)
REQUEST FOR APPROVAL OF ON-THE-JOB INTERNSHIP

Name: ________________________________  G Number: _____________________

School: ______________________________  School Division: ___________________

Endorsement Area: ____________________  Internship Semester and Year: ____________

Mentor Teacher Name: __________________  Mentor Teacher Licensure Status: ________________

Number of Years Teaching: _______________  Mentor Email Address: _______________________

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). Please note, you must be hired as a full-time teacher in your subject area.

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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: ________________