MENTOR TEACHER
INSTRUCTIONS FOR PAYMENT

To ensure efficient compensation for your services, these procedures must be followed for the processing of honorariums. Please note that payment takes a minimum of six weeks to be processed after your paperwork is submitted to the Clinical Practice Specialist. Forms must be turned in no later than 30 days after the last day of the internship. Honorarium checks are delivered via mail.

Required Payment Forms:
- Mentor Teacher Pay Form
- W9 (Virginia tax form). Everyone must complete, sign, and date the W9 form. (W9 is available online at doa.virginia.gov)

Please send all forms to the following address:

Clinical Practice Office/CEHD
George Mason University
4400 University Drive, MS 6C13
Fairfax, VA 22030

Or, please fax the completed forms to 703-993-5701.

If you have questions, please contact:
Educator Preparation Office
703-993-4507
MENTOR TEACHER PAY FORM

Please complete this form and return to the Clinical Practice Specialist, along with your completed W9 form during the first month of your work with our candidate. Please note that payment takes a minimum of six weeks to process after the Clinical Practice Specialist receives this paperwork. Note, mentor teachers who have a G number will be issued a check with the name that is in Mason’s system.

TEACHER’S NAME: ____________________________________________

SOCIAL SECURITY NUMBER: __________________________________

RACE/ETHNICITY INFORMATION* (Please check only one category):

<table>
<thead>
<tr>
<th>American Indian or Alaska Native</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>Two or more races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Hispanic or Latino</td>
<td>Race/ethnicity Unknown</td>
</tr>
<tr>
<td>Black or African American</td>
<td>White</td>
<td>Do Not Choose to Respond</td>
</tr>
</tbody>
</table>

*THIS INFORMATION IS COLLECTED FOR Council for the Accreditation of Educator Preparation (CAEP) RECORDING PURPOSES ONLY.

EMAIL ADDRESS: ________________________________________________

HOME ADDRESS: ________________________________________________

HOME PHONE: __________________________________________________

SCHOOL NAME: _________________________________________________

GRADE LEVEL/SUBJECT TAUGHT: ____________________________________

NAME OF CANDIDATE SUPERVISED: _________________________________

SEMESTER AND YEAR: __________________________________________

HONORARIUM FOR MENTOR TEACHERS:

- 5-6 wks $75 ____
- 7-8 wks $100 ____
- 15-16wks $200 ____

I choose NOT to be compensated ____

I attest that the information I have provided on this form is accurate: __________________________ (please sign)