

GEORGE MASON UNIVERSITY
College of Education and Human Development
Office of Accreditation and Program Improvement
Educator Preparation Office
Thompson Hall 1708
703-993-9777
703-993-5701 (fax)

SITE SUPERVISOR – COUNSELING & DEVELOPMENT 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:

- Site Supervisor 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 Specialist
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:

Clinical Practice Specialist
703-993-9777
internsh@gmu.edu

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**SITE SUPERVISOR – COUNSELING & DEVELOPMENT
 PAY FORM**

Please complete this pay form and return to the Clinical Practice Specialist, along with your completed W9. Payment forms should be submitted before the end of the practicum/internship experience. **Please note that payment takes a minimum of six weeks to process honorarium payments.** Note, supervisors who have a G number will be issued a check with the name that is in Mason’s system.

SITE SUPERVISOR’S NAME: _____

SOCIAL SECURITY NUMBER: _____

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

American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Two or more races	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	Race/ethnicity Unknown	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Choose to Respond	<input type="checkbox"/>

*THIS INFORMATION IS COLLECTED FOR COUNCIL FOR THE ACCREDITATION OF EDUCATOR PREPARATION (CAEP) RECORDING PURPOSES ONLY.

EMAIL ADDRESS: _____

HOME ADDRESS: _____

HOME PHONE: _____

INTERNSHIP SITE: _____

SEMESTER AND YEAR: _____

NAME OF CANDIDATE SUPERVISED: _____

DATE FORM SUBMITTED: _____

HONORARIUM FOR SITE SUPERVISORS: 200 hour practicum/internship: \$150 _____

Shared supervision role: \$75 _____

I choose NOT to be compensated: _____

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