

GEORGE MASON UNIVERSITY
College of Education and Human Development
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) <https://cehd.gmu.edu/assets/docs/forms/cehd/fw9.pdf>
- When completing your W-9:
 - Please provide your SS number; EIN is not required.
 - Under *Entity Type*, select *Individual*
 - Under *Entity Classification*, select *Professional Services*
 - You **must complete, sign, and date** the W9 form in addition to your site-supervisor pay form.

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

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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):

<input type="checkbox"/> 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"/>
<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"/>
<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: \$200 _____

Shared supervision role: \$100 _____

I choose NOT to be compensated: _____

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