

# Continuing Education Administrator I Internship Application

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name or Former Names  
(if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Permanent Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s) Daytime: \_\_\_\_\_ Evening/Cell: \_\_\_\_\_

## Employment Information

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Permanent Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

## Higher Education History (college level only, earned master's degree required)

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates of Enrollment: From: \_\_\_\_\_ To: \_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates of Enrollment: From: \_\_\_\_\_ To: \_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates of Enrollment: From: \_\_\_\_\_ To: \_\_\_\_\_

**Attachments:** Please note that the Office of Continuing Education may request additional information as necessary. Applications will not be reviewed until all items are received.

- ☐ Statement of Purpose (for becoming an administrator):

In 500 – 1,000 words, please explain why or how this internship will assist you in meeting your professional goals and share how your previous experience will contribute to the program.

- ☐ Resume/Curriculum Vitae
- ☐ Completed On-Site School Mentor Form, see pages 3 and 4 of this application (to be completed by the on-site mentor)
- ☐ Letter of recommendation from On-Site Mentor
- ☐ Approved evaluation (from MSDE) showing all requirements for Admin I Certification have been met except for the internship requirement. – Not necessary if all five pre-requisite courses were taken at Trinity. Students are responsible for ensuring all certification requirements have been met prior to applying to the internship.
- ☐ MD State Teaching Certificate – If you are not currently or have not taught in MD, please initial next to this item to indicate your understanding that this internship was designed to meet MD requirements only.
- ☐ Transcript documenting 3.0 GPA or better in course work required for Admin I Certification
- ☐ All course requirements (see page 2) were met at Trinity
  - ☐ Some course requirements (see page 2) were met at Trinity

## Application Review and Registration Process

Upon completion of the following courses, students may submit transcript documentation to the Maryland State Department of Education (MSDE) to seek Maryland Administrator I certification. The transcript will reflect the completion of respective courses; the transcript will not indicate completion of a degree or a certification program. Students will not be provided with a certificate or letter indicating the completion of a program.

- ☐ EDU 597A Supervision and Professional Development in a K-12 Setting
- ☐ EDU 680A Leadership for the 21<sup>st</sup> Century
- ☐ EDU 790A Organization and Leadership of Schools through Administration
- ☐ EDU 856A Legal Issues in Education
- ☐ EDU 945 Curriculum Development
- ☐ **EDU 890A Educational Administration Internship\***

After application requirements have been evaluated, students with complete applications will be contacted in the order by which they have been received, until the respective EDU 890A course(s) fills. Students will then be expected to pay the tuition\* in full upon notification from the Office of Continuing Education.

*\*Tuition for EDU 890A is \$1060.*

**Spring 2024** Full attendance to all dates is mandatory. Ensure your availability on all dates prior to submitting your application.

**Saturdays, 9:00 am - 2:00 pm Live Online through Zoom**

**January 20, February 10, March 9, April 13, May 11, June 29, 2024**

**Application Submission Deadline: Monday, December 18, 2023**

Do not wait until the deadline to submit your complete application packet as they are reviewed in the order by which they have been received. Applications not accepted due to space may be held for Fall 2024.

**Trinity Is An Honor Community** Acceptance to Trinity constitutes agreement to abide by the University's Honor Code:

*"I realize the responsibility involved in membership in the Trinity community. I agree to abide by the rules and regulations of this community. I also affirm my intention to live according to the standards of honor, to which lying, stealing, and cheating are opposed. I will help others to maintain this responsibility in all matters essential to the common good of the community."*

I hereby certify that the information I have provided in and include with this application is completely accurate. I understand that all credentials submitted as part of the application become part of the property of Trinity and will not be returned or transferred to another institution.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return This Completed Application and All Corresponding Documentation by Email or Fax**

**Trinity: Office of Continuing Education**

ContinuingEd@trinitydc.edu

F: 202-884-9084

Dear **On-Site School Mentor**,

Trinity Washington University offers an Educational Administration internship through the Office of Continuing Education. A student has submitted an application for the internship and wishes to conduct the required internship activities at your school. These activities are intended to achieve two purposes: (1) to help the intern develop administrative skills, and (2) to assist the school administrators in tasks that can be delegated.

A supervisor from Trinity will consult with you and the intern multiple times through the course of the six month internship. The University Supervisor will oversee the intern's completion of assignments and preparation of a portfolio to document progress toward meeting the Professional Standards for Educational Leaders (PSEL).

In addition to the assignments and portfolio, the intern is expected to complete a minimum of 240 hours of internship during a six month period. One hundred twenty (120) of those hours will consist of doing *administrative duties* that you (or another designated administrator) identify and which are aligned to the standards. The remaining hours will be met during class meetings and by other activities assigned by the University Supervisor.

As an administrator certified in educational administration, you are being asked to serve as the intern's On-Site School Mentor to mentor the internship activities. Enclosed with this letter is a form that requires information and a signature from you if you are willing to serve in this role. We also ask that you please provide a brief "Letter of Recommendation" describing your knowledge of the candidate's professional experience and background, as well as your assessment of the candidate as a future educational administrator.

I am available for any questions at (202) 884-9301, and would welcome any comments. Thank you and I look forward to working with you to prepare new leaders for tomorrow's schools.

Sincerely,

Katie Omenitsch, Ed.D., MBA  
Director of Continuing Education

**On-Site School Mentor Acceptance Form**

(To be completed by the On-Site Mentor)

On-Site Mentor Name: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check the appropriate boxes and sign below.

General Recommendation for the Educational Leadership and Administration Program:

- ☐ I recommend the candidate without reservation as an excellent candidate.
- ☐ I do not know the candidate well enough to recommend without reservation.
- ☐ I have substantial doubts about the candidate but think that an opportunity might be given to prove qualifications.
- ☐ I feel the candidate is not well suited for the program at this time.

Indicate your level of acceptance for the role of On-Site School Mentor:

- ☐ I am available to serve as the On-Site School Mentor.
- ☐ An internship in my school will not be possible at the present time.
- ☐ I am unavailable to serve as the On-Site School Mentor; however, the administrator named below will serve as my Designated Administrator in this role. Please have the Designated Administrator fill out the information in the box below.

Designated Administrator

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature of On-Site Mentor\_\_\_\_\_  
Date

Please return the completed form and letter of recommendation by email to: Katie Omenitsch, Director of Continuing Education, ContinuingEd@trinitydc.edu.