

GW CCS Professional Praxis Employer Agreement

All portions of this form are required. Any incomplete forms will be sent back for correction.

Employer: When this form is complete, please return it to the student. Please direct any questions to ccsproprax@gwu.edu.

Student: Send this form to ccsproprax@gwu.edu by the date listed on the [Professional Praxis website](#), along with the Student Application form and a copy of your offer letter, in order to be considered. Please direct any questions to ccsproprax@gwu.edu.

Professional Praxis encourages students to make the most of their off-campus career-related opportunities through self-reflection and analysis of their professional growth. Students will receive transcript documentation in the form of a 0-credit Pass or No Pass course for each semester they participate in the program.

1. This form is for GWU student _____,
for the (*check one*) Fall Spring Summer Other _____ semester of Professional Praxis.
(*year*)

2. Employment Information

Supervisor's Name:	Supervisor's Position Title:
Supervisor's Phone Number:	Supervisor's Email:
Company or Organization Name:	
Site of Activity: In-Person Remote Hybrid	
<i>(Please provide the full address where the student will be working. If you select "Remote," the student will provide us with their own address.)</i>	
Number of Work Hours Per Week:	Wage Per Hour:
Description of Duties:	

By signing this document, you confirm the following:

1. Your organization will provide a safe and appropriate work environment.
2. Your organization will assign a responsible work supervisor for the student, who will support the student by filling out the performance evaluation portion of the Final Packet for the Professional Praxis program.

3. Your organization does not unlawfully discriminate against any person on any basis prohibited by law, including but not limited to race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, or gender identity and expression.
4. **If this internship is unpaid**, it either determines that the individual is the “primary beneficiary” of the relationship based on the following test set forth by the US Department of Labor in [Fact Sheet #71: Internship Programs Under The Fair Labor Standards Act](#), **or** is for a non-profit organization or state or local government agency:
 1. The extent to which the intern and the employer clearly understand that there is no expectation of compensation. Any promise of compensation, expressed or implied, suggests that the intern is an employee—and vice versa.
 2. The extent to which the internship provides training that would be similar to that which would be given in an educational environment, including the clinical and other hands-on training provided by educational institutions.
 3. The extent to which the internship is tied to the intern’s formal education program by integrated coursework or the receipt of academic credit.
 4. The extent to which the internship accommodates the intern’s academic commitments by corresponding to the academic calendar.
 5. The extent to which the internship’s duration is limited to the period in which the internship provides the intern with beneficial learning.
 6. The extent to which the intern’s work complements, rather than displaces, the work of paid employees while providing significant educational benefits to the intern.
 7. The extent to which the intern and the employer understand that the internship is conducted without entitlement to a paid job at the conclusion of the internship.

Signatory also certifies that he or she is an authorized agent who may sign on behalf of the company or organization:

Employer’s Signature _____ Date: _____
(Handwritten or digital signatures only – Typed signatures are not acceptable)