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**SCHOOL PSYCHOLOGIST INTERN POSITION ANNOUNCEMENT**

|   |   |
|---|---|
| <b>Date of Notice:</b>                  | <b>03/19/2024</b>   |
| <b>Job Title:</b>                       | School Psychologist Intern  |
| <b>Location:</b>                        | LIU 18 Annex Building and additional school locations   |
| <b>Terms of Employment:</b>             | Internship spanning the Fall 2024 and Spring 2025 semesters.  |
| <b>Application Process:</b>             | See “PHEAA PA HELPS Application” attached to this posting. Please email the completed application to <a href="mailto:afederici@liu18.org">afederici@liu18.org</a> . |
| <b>Application Deadline:</b>            | Open until positions are filled   |
| <b>Number of Internships Available:</b> | 2   |

**Qualifications**

- Be a current resident of the Commonwealth of Pennsylvania
- Be enrolled in an Educational Specialist Preparation Program approved by the Pennsylvania Department of Education that leads to educator certification as a school psychologist.
- Agree to work at an LEA located in the Commonwealth of Pennsylvania as a school psychologist for a minimum of 3 years following completion of the respective Educational Specialist Preparation Program.
- Be a first-time PA HELPS recipient

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|------------------------------|---|
| <b>Reports to:</b>           | School Psychologist Site Supervisor   |
| <b>Terms of Employment:</b>  | Fall 2024-Spring 2025 Internship Funded by PHEAA PA HELPS Grant   |
| <b>Compensation:</b>         | \$25,000 for completion of the entire internship, plus an additional \$5,000 Commitment Award*  |
| <b>Work Schedule:</b>        | TBD based on Intern Availability  |
| <b>Job Responsibilities:</b> | To be determined by the School Psychologist Site Supervisor   |
| <b>Work Environment:</b>     | School/ Office setting, must be willing to travel from location to location.  |
| <b>Clearances:</b>           | Must possess all current clearances required by law.  |
| <b>Other Requirements:</b>   | Upon acceptance, the intern must obtain a certificate of medical examination as well as a tuberculosis test as required under Chapter 14 of the Public School Code, 24 P.S. §§14-1416, 14- 1418; 22 Pa Code §49.12(b) (regarding education); and 28 Pa Code §23.44 (regarding health and safety). |

\* The compensation for the internship is subject to funding issued by PHEAA for the PA HELPS Grant. The \$5,000 commitment award will be issued following completion of the third year of full time employment as a School Psychologist at a Pennsylvania Local Education Agency. The commitment award is subject to employment verification.

**The LIU is an equal opportunity employment, educational and service organization.**

# 2024-25 Award Year Intern Application

## PA Mental Health Education Learning Program in Schools (PA HELPS)

### Instructions

To be considered for PA HELPS you must complete this one-time application. The information collected through this form will be used by the Pennsylvania Higher Education Assistance Agency (PHEAA) to determine your eligibility for PA HELPS funds. Your application will not be processed until all fields are completed. Return this application to the Local Education Agency (LEA) where you will be performing your internship. The LEA will return the form to PHEAA, and you will be notified of funding decisions at the contact information you provided on this application.

### Eligibility Requirements

To be considered for PA HELPS, you must:

- Be a current resident of the Commonwealth of Pennsylvania
- Be enrolled in an Educational Specialist Preparation Program approved by the Pennsylvania Department of Education that leads to educator certification as a school nurse, school psychologist, school counselor, or school social worker
- Be accepted to an internship at an approved LEA in the Commonwealth of Pennsylvania
- Agree to work at an LEA located in the Commonwealth of Pennsylvania as a school nurse, school psychologist, school counselor, or school social worker for a minimum of 3 years following completion of the respective Educational Specialist Preparation Program
- Be a first-time PA HELPS recipient

|   |            |   |                 |
|---|------------|---|-----------------|
| SSN:  |            | LEA Employer ID Number (EIN):   |                 |
| First Name:                                   | Last Name: |   | Date of Birth:  |
| Street Address:                               |            | City:   |                 |
|   |            | State:  | ZIP Code:       |
| Phone Number: (XXX-XXX-XXXX)                  |            | Type:   | Cell      Other |
| Email:  |            | Postsecondary Institution Name: (school you are attending)  |                 |
| Postsecondary Institution OE Code: (8-digits) |            | Professional Personnel ID (PPID): (issued through PA Department of Education's Professional Education Record Management System) |                 |
| Educational Specialist Preparation Program:   |            |   |                 |
| School Nurse                                  |            | School Psychologist   |                 |
| School Counselor                              |            | School Social Worker  |                 |
| Provide Internship Dates: (MM/DD/YY-MM/DD/YY) |            |   |                 |

### Information on the Privacy Act & Use of Your Social Security Number

The Privacy Act of 1974 requires that each federal, state, or local agency that asks you to supply your Social Security number (SSN) or other personal information must provide you with certain information regarding the agency's authority to ask for you to supply the information, the purpose(s) for which the agency is asking for the information, and any effects on you for not providing the information.

Your SSN is needed to identify you, process your application, and keep track of your record. We use your SSN in recording information about your college attendance and ensuring you have received the benefit of this award. We will only share information as permitted by law and for routine use in our day-to-day operations, such as to process your application and communicate with program sponsors. If you do not give us your SSN, you will not receive a program award. Applicants are hereby advised that disclosure of their SSN is a requirement and a condition for participation in the program. PHEAA, without such an identifier, would have difficulty in maintaining proper records.

Section 7(a)(2) of the Privacy Act provides that an agency may continue to require the disclosure of an individual's SSN where the agency required this disclosure under statute or regulations prior to January 1, 1975, in order to verify the identity of the individual. Beginning in 1966 with Form S-1A-66 (First Application), applicants have been required to answer all questions completely or face disqualification for assistance.

All subsequent forms utilized by PHEAA contain the SSN as the identifier of the applicant, including eligibility announcements forwarded to the student and the financial aid officer of the postsecondary institution.

## Certification

By signing this application and if approved for the PA HELPS award, I agree to work at a Local Education Agency in the Commonwealth of Pennsylvania as a school nurse, school psychologist, school counselor, or school social worker for at least 3 years within the 4-year period following the completion of my respective Educational Specialist Preparation Program. I understand that, if I receive a \$5,000 commitment award, it will be issued after (i) completing 3 years of service and (ii) a final employment verification is approved. I may direct that the award be issued directly to me or to my student loan servicer to credit against any student loans that I may have. I understand I will forfeit any claim to the commitment award if I do not timely complete the 3 years of service requirement after completion of my Educational Specialist Preparation Program.

By signing this application, I authorize PHEAA to use my name in any public announcement of any PA HELPS award. I also authorize PHEAA, the Pennsylvania Department of Education, and other relevant organizations as necessary to share information in their respective possession among each other regarding this application and any other information related to my application for and participation in PA HELPS, including my non-public personally identifiable/confidential information and the status of my application and award. I further authorize PHEAA to share my non-public personally identifiable information, information disclosed on or derived from this application or information obtained from any relevant organization about my participation in PA HELPS for reporting and analysis purposes.

I agree award of PA HELPS funds is based on various factors including available resources, and I may or may not receive a PA HELPS award regardless of eligibility for PA HELPS. By providing my contact information, I authorize PHEAA to communicate with me regarding PA HELPS via email, cellular telephone, or other mobile device. I must notify PHEAA if there are any changes to my contact information such as name, address, or telephone number, and will not hold PHEAA accountable for any missed communications due to outdated contact information. PHEAA may use communication tools such as email, artificial or prerecorded voice, or text messages to contact me, even if use of these communication tools result in a charge to me.

I acknowledge and understand that there may be federal, state, and local tax consequences of any PA HELPS award made to me, and that PHEAA has not advised me regarding my potential income tax liability in connection with any PA HELPS award. I understand that I am responsible for seeking the advice of my own tax advisors and not relying on any statements or representations of PHEAA or any of its agents in connection with such tax consequences. I understand that as the applicant I (and not PHEAA) will be responsible for my own tax liability that may arise as a result of any award of PA HELPS funds in connection with this application.

I declare under penalty of the criminal laws of the Commonwealth of Pennsylvania the application has been examined by me and to the best of my knowledge and belief, is a true, correct, and complete application (see 24 P.S. § 5158.1 and 18 Pa.C.S.A. § 4904).

|                      |       |
|----------------------|-------|
| Applicant Signature: | Date: |
|----------------------|-------|

**NOTE:** Electronic signatures (eSign) must meet PHEAA requirements. Additional information can be found under PA State Grant and Special Programs Resources at [pheaa.org/sgspResources](http://pheaa.org/sgspResources).

**Submit your application to your LEA.**

**Be sure to verify all applicable sections are complete and accurate and provide LEA with proof of PA residency.**

|                    |                   |             |
|--------------------|-------------------|-------------|
| Intern First Name: | Intern Last Name: | Intern SSN: |
|--------------------|-------------------|-------------|

## LEA Certification

I understand that submission of this form does not guarantee that this LEA will be approved to receive funding for the intern listed in the Intern Data section of this form as a part of PA HELPS administered by PHEAA. I have confirmed that the above applicant has shown proof of PA residency through the means of providing a valid PA Driver's License or PA state-issued identification card. I agree to use 100% of the awarded funds to compensate the intern for their internship.

|                     |                    |
|---------------------|--------------------|
| First Name: (Print) | Last Name: (Print) |
| Title:              | EIN:               |
| Signature:          | Date:              |

**NOTE:** Electronic signatures (eSign) must meet PHEAA requirements. Additional information can be found under State Grant and Special Programs Resources at [pheaa.org/sgspResources](http://pheaa.org/sgspResources).

The LEA must submit the completed intern application via email to [pahelps@pheaa.org](mailto:pahelps@pheaa.org).