**NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY**

**Department of Counseling**

**Application for practicum or internship form**

All Information Must Be Typed

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| **SECTION A: CANDIDATE INFORMATION** | | | | | | | | | | | | | |
| Last Name: | | | | First Name: | | | | | | | | Middle Initial: | |
| BANNER ID: | Email Address: | | | | | | | | | | | | |
| Local Address: | | | | | City: | | | | | | State: | | Zip: |
| Phone: (     )     - | | | | | Cell Phone: (     )     - | | | | | | | | |
| Have you ever been convicted of a felony or crime other than a minor traffic violation?  Yes  No (Check one)  If yes, please explain: | | | | | | | | | | | | | |
| Are you employed full time?  Yes  No If Yes, where? | | | | | | | | | | | | | |
| Semester of Practicum or Internship:  Fall  Spring  Summer Year: | | | | | | | | | | | | | |
| **Please check below Program and the Practicum or Internship class you are currently enrolled:** | | | | | | | | | | | | | |
| Mental Health Counseling – Clinical  Mental Health Counseling – Rehabilitation | | | School Counseling  PhD RCRCE | | | | | | Practicum (100 hours)  Internship I (300 hours)  Internship II (300 hours) | | | | |
| **SECTION B: PLACEMENT SITE INFORMATION Attach resumes of site supervisor and site brochure / website information and for both 1st and 2nd Choices (NOT needed for School Counseling)** | | | | | | | | | | | | | |
| **Name of Site/School (1st Choice):** | | | | | | | | | | | | | |
| Site Supervisor’s Name: | | | | | | | | | | Phone Number: (     )     - | | | |
| Site Supervisor’s Credentials: | | | | | | Email Address: | | | | | | | |
| Address: | | City: | | | | | | County: | | | State: | | Zip: |
| Site and/or site supervisor has been informed that I am required to meet with him/her for individual and/or triadic supervision (1 hour/week) and that I am required to create program-appropriate audio recordings and/or live supervision of my interactions with clients at my site for review by my University Supervisor.  Yes  No If No, please explain: | | | | | | | | | | | | | |
| **School Counseling Only (2nd Choice):** | | | | | | | | | | | | | |
| Site Supervisor’s Name: | | | | | | Phone Number: (     )     - | | | | | | | |
| Site Supervisor’s Credentials: | | | | Email Address: | | | | | | | | | |
| Address: | | City: | | | | | County: | | | | State: | | Zip: |
| Site and/or site supervisor has been informed that I am required to meet with him/her for individual and/or triadic supervision (1 hour/week) and that I am required to create program-appropriate audio recordings and/or live supervision of my interactions with clients at my site for review by my University Supervisor.  Yes  No If No, please explain: | | | | | | | | | | | | | |

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| Name: | **STUDENT CHECKLIST** | |
| Student’s updated resume | Site supervisor’s updated resume \* |
| Unofficial transcript | Brochure \* |
| Proof of liability insurance | Advisor’s signature |
| Witnessed and signed agreement | \* (All programs except School) |
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| PROFESSIONAL CORE COURSES TAKEN | CREDITS | SEMESTER | GRADE |
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| Applicant’s Signature |  | Date |  | ADVISOR USE ONLY  Minimum 3.0 GPA  Current Liability  Insurance |
| Academic Advisor’s Signature |  | Date |  |
| Practicum & Internship Coordinator’s Signature |  | Date |  |