

North Carolina A&T State University
School of Education
Department of Human Development and Services
Practicum and Internship Agreement

Date: _____

I, _____ have received and read a copy of the North Carolina A&T State University, Department of Human Development and Services, Practicum and Internship Manual. I understand that it is my responsibility to make myself aware of the guidelines and requirements of the Practicum and Internship Manual. I also understand that it is my responsibility to follow the guidelines of this manual and that my failure to do so will result in an unsuccessful grade for Practicum/Internship as well as my possible removal from the program.

I also understand that if my On-Site Supervisor and/or the University Supervisor deem that I am not demonstrating satisfactory practicum/internship knowledge, skills, or dispositions I will be notified in writing and a remediation plan addressing areas of concern will be developed for me. If I continue to display unsatisfactory knowledge, skills, and/or disposition I may be dismissed or terminated from the practicum site and the Counseling Program.

I also understand that if I am dismissed from the site by the site supervisor, I will not complete my practicum or internship experience during the semester dismissed. If I am removed from more than one site, I will have to meet with the Counseling department committee and will be dismissed from the program.

(Student's Signature)

(Date)

(Notary's Signature)

(Date)

North Carolina A&T State University Department of Human Development & Services
APPLICATION FOR PRACTICUM AND INTERNSHIP REHABILITATION COUNSELING

APPLICANTS MUST REAPPLY FOR INTERNSHIP I & II

PLEASE TYPE

Please check only one:

- HDSV 765, Counseling Practicum (100 hours)
- HDSV 780, Internship I (300 hours)
- HDSV 790, Internship II (300 hours)
- HDSV 799, Combined Internship (600 hours)

Major:

- Community/Agency Counseling
- School Counseling
- Rehabilitation Counseling

Have you been formally admitted to the department? Yes No

Directions: Submit the following documentation with your application

The following information **must** accompany this application:

- An updated resume
- Advisor's signature where appropriate
- Proof of liability insurance
- An unofficial transcript
- Notarized and signed agreement
- Application for Educational Internship

Name: _____

Banner Identification number: _____

Address: _____

Street

City

State

Zip Code

Home Telephone: _____

Cell Phone: _____

Email Address: _____

Advisor's Name: _____

The information provided below is for your potential site supervisor.

Setting Name: _____

Site Supervisor's Name: _____

Site Supervisor's Credentials: _____

Site Supervisor's E-mail Address: _____

Site Supervisor's Telephone Number () _____

Address: _____

Street

City

State

Zip Code

Professional Core Courses Taken	Credits	Semester	Grade
HDSV 602 Human Development	3		
HDSV 612 Foundations of Rehabilitation Counseling	3		
HDSV 650 Theories of Counseling	3		
HDSV 735 Counseling Methods (Lab)	3		
HDSV 736 Multicultural Counseling	3		
HDSV 738 Psychosocial Aspects of Disabilities	3		
HDSV 740 Appraisal	3		
HDSV 743 Medical Aspects of Disabilities	3		
HDSV 750 Group Counseling (Lab)	3		
HDSV 760 Career Counseling	3		
HDSV 764 Case Management	3		
HDSV 765 Practicum (Lab)	3		
HDSV 770 Applied Research in Counseling	3		
HDSV 775 Job Development and Placement	3		

Electives (5)

Professional Core Courses Taken	Credits	Semester	Grade
HDSV 602 Human Development	3		
HDSV 612 Foundations of Rehabilitation Counseling	3		
HDSV 650 Theories of Counseling	3		
HDSV 735 Counseling Methods (Lab)	3		
HDSV 736 Multicultural Counseling	3		
HDSV 738 Psychosocial Aspects of Disabilities	3		
HDSV 740 Appraisal	3		

Total Overall Credit Hours: _____ GPA: _____

A 3.0 GPA is required to apply for Practicum, Internship I, Internship II, or Combined Internship

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

North Carolina Agricultural and Technical State University
Office of Student Teaching and Educational Internships

APPLICATION FOR EDUCATIONAL GRADUATE INTERNSHIP

PLEASE TYPE

SECTION A To be completed by the Applicant.

1. Name (Mr.)(Mrs.)(Ms.)(Miss) _____
Last First Middle Maiden

Social Security Number: _____

2. Home Address _____ Telephone _____

3. School Address _____ Telephone _____

4. Have you ever been convicted of a felony or crimes other than minor traffic offenses?
_____ Yes ___ No. If the answer is Yes, please explain: _____

5. Having completed (or presently enrolled in) all courses required for licensure EXCEPT:

6. I request approval for admission to do Internship/Practicum in the area checked below:

- | | |
|------------------------------|----------------------------------------|
| a. () Adult Education | e. () Instructional Technology |
| b. () Community/Agency | f. () Rehabilitation Counseling |
| c. () Counselor Education** | g. () School of Administration |
| d. () Education Media ** | |

Resume ** Piedmont Alliance Form

7. Estimated mileage one way from the Location of your internship to A&T's Campus _____

8. For what semester and year of Graduate Internship are you applying? _____

Signature of Applicant: _____ Date: _____

SECTION B.

9. I have made the necessary arrangements with the following Administrator to carry out the course requirements:

SUPERVISING ADMINISTRATOR

NAME _____

TITLE _____

SCHOOL/AGENCY _____ TELEPHONE ____/____

ADDRESS _____ COUNTY _____

Advisor's Signature

Date