

**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 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

<b>Professional Core Courses Taken</b>	<b>Credits</b>	<b>Semester</b>	<b>Grade</b>
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)**

<b>Professional Core Courses Taken</b>	<b>Credits</b>	<b>Semester</b>	<b>Grade</b>
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

## CENTER FOR INTERNSHIPS & PROFESSIONAL DEVELOPMENT



### APPLICATION FOR EDUCATIONAL INTERNSHIP

#### SECTION A: CANDIDATE INFORMATION

Last Name:	First Name	Middle Initial	Maiden Name
BANNER Identification Number:			
Local Address:	City:	State:	Zip
Phone:	Cell Phone:		
Email Address:			
Have you ever been convicted of a felony or crime other than a minor traffic accident? ____ Yes ____ No (Check one)			
If yes, please explain:			

Have completed (or presently enrolled in) all courses required for licensure EXCEPT:

Please check below the area of Internship or Practicum and attach a current resume to this application:

- Adult Education
- Counseling (specify) \_\_\_\_\_
- MAT (specify) \_\_\_\_\_
- School Administration (MSA)
- Instructional Technology
- Reading
- Elementary Education

**IMPORTANT:**

- **If you have lived in North Carolina for the past 7 years**, please complete and attach the Guilford County Schools (GCS) Release of Information Form.
- **If you have lived outside of North Carolina within the past 7 years**, please complete the Guilford County Schools Consumer Reports Release/Order Form and the B.I.B. Inc. Credit Card Charge Approval Form and send both forms along with a photo copy of your Drivers License to: B.I.B., 9710 Northcross Ctr. Huntersville, NC 28078. Fax: 1-704-439-3901

Are you employed full time? \_\_\_\_ Yes \_\_\_\_ No

Estimated Mileage One Way from the Location of Internship Site to home address:

Semester of Internship: Fall / Spring (circle one) | Year of Internship: 20\_\_\_\_

#### SECTION B: DESIRED INTERNSHIP SITE INFORMATION

Name of Agency/School (1 <sup>st</sup> Choice):			
Site Supervisor's Name/Principal Name:		Telephone Number:	
Address:			
City:	State:	Zip:	County:
Name of Agency/School (2 <sup>nd</sup> Choice):			
Site Supervisor's Name/Principal Name:		Telephone Number:	
Address:			
City:	State:	Zip:	County:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Date