

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)

APPLICATION FOR PRACTICUM & INTERNSHIP SCHOOL 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
- Criminal background check (Guilford County Schools only)
- Piedmont Alliance Form (**school only**)

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 610 Counseling Services	3		
HDSV 640 Professional Orientation and Ethics	3		
HDSV 650 Theories of Counseling	3		
HDSV 706 Organization and Admin. of Counseling	3		
HDSV 712 Counseling School Age Children	3		
HDSV 735 Counseling Methods (Lab)	3		
HDSV 736 Multicultural Counseling	3		
HDSV 740 Appraisal	3		
HDSV 750 Group Counseling (Lab)	3		
HDSV 760 Career Counseling	3		
HDSV 765 Practicum (Lab)	3		
HDSV 770 Applied Research in Counseling	3		
HDSV 788 Comps	3		

Electives

Courses Taken	Credits	Semester	Grade

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
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BANNER Identification Number: _____

Local Address:	City:	State:	Zip
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Phone:	Cell Phone:
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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____
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SECTION B: DESIRED INTERNSHIP SITE INFORMATION

Name of Agency/School (1st Choice): _____

Site Supervisor's Name/Principal Name:	Telephone Number:
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Address: _____

City:	State:	Zip:	County:
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Name of Agency/School (2nd Choice): _____

Site Supervisor's Name/Principal Name:	Telephone Number:
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Address: _____

City:	State:	Zip:	County:
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Signature of Applicant _____

Date _____

Signature of Advisor _____

Date _____

Signature of Chairperson _____

Date _____

14. Please list previous jobs, special curricular or extracurricular activities which will relate to your school placement (honors, work experience, volunteer work, summer jobs, etc).

Activities	Dates	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Provide a brief autobiographical statement:

I have read this application carefully and certify that the information I have given is correct and complete.

Date: _____
Signature of Applicant

Please Note:

1. Student teachers/interns shall abide by applicable N.C. Statutes and by the local school's calendar and by all the schedules, policies and procedures in affect in the schools to which they are assigned.
2. Student teachers/interns will be assigned to any eligible cooperating teacher at any local school on a nondiscriminatory basis.

RECOMMENDATION FROM COLLEGE OR UNIVERSITY

As a representative of this institution of higher education, I recommend the above named student as a person whom I believe will perform satisfactorily in the local school system.

Date: _____
Signature of IHE Representative

The original of this application is to be forwarded to the local school system by the college or university.