

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 COMMUNITY

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

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 735 Counseling Methods (Lab)	3		
HDSV 736 Multicultural Counseling	3		
HDSV 739 Community Counseling	3		
HDSV 740 Appraisal	3		
HDSV 750 Group Counseling (Lab)	3		
HDSV 760 Career Counseling	3		
HDSV 763 Family Counseling	3		
HDSV 765 Practicum (Lab)	3		
HDSV 770 Applied Research in Counseling	3		
HDSV 788 Comps	3		

Electives

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 735 Counseling Methods (Lab)	3		
HDSV 736 Multicultural Counseling	3		
HDSV 739 Community Counseling	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 st Choice):			
Site Supervisor's Name/Principal Name:		Telephone Number:	
Address:			
City:	State:	Zip:	County:
Name of Agency/School (2 nd 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