**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 |  |