



Application for Clinical Field Experience

Name _____ Student ID # 800 _____

Address _____

Phone (H/C) () _____ (W) () _____ email: _____ [print clearly]

Application for: ___ Practicum ___ Internship I ___ Internship II

Summer Internship: YES ___ NO ___

Counseling Concentration: ___ School ___ Clinical Mental Health ___ Addictions

School Counseling Interns ONLY: Grade level: ___Elementary ___Middle School ___High School
District: Charlotte-Mecklenburg (CMS) ___ Union (UCS) ___
Cabarrus (CCS) ___ Rowan-Salisbury (RSCS) ___
Gaston (GCS) ___ Iredell-Statesville (ISCS) ___
Kannapolis City Schools ___ Mooresville Graded School District ___
Other _____
If currently at a school site, would you want to continue there: ___YES* ___NO [* students entering Internship I only]
School location [if possible]: _____
NOTE: There is no guarantee of a particular school placement.

Prerequisites:

For Practicum: You must have completed 15 credits, including Theories, Techniques, Ethics, and Introduction to Clinical Mental Health or The Professional School Counselor.

If working with children 10 years of age or younger Play Therapy CSLG 7142 is required.

NOTE: CSLG 6120 Group Counseling and CSLG 7142 Play Therapy MUST be taken prior to or concurrent with Practicum.

For Internship: You must successfully complete Practicum and Advanced Techniques must be taken prior to or concurrent with Internship. If working with children 10 years of age or younger Play Therapy CSLG 7142 is required.

I understand that I must obtain ACA or ASCA liability insurance [or independent mental health insurer] prior to taking practicum/internship. My liability insurance must always be current during the period of my clinical filed experience.

Signature _____

Date _____

Revised [4/09, 9/09, 9/12, 2/15]

To Be Completed by Department:
Student Clinical Agreement _____
Copy of Liability Insurance _____
Signed Clinical Agreement _____
Signed Supervisor Contract _____