CHECKLIST FOR FIELDWORK APPROVAL
ADCN 699
(To be completed prior to course registration. Approval documents must be submitted prior to approval deadline. Please see course webpage for semester deadlines. All documents must be fully completed and submitted on time in order to be approved. No late work is accepted.)

As students near completion of the prerequisites for ADCN 699, students should submit paperwork for approval. Prerequisites for this course are listed in the syllabus. Also, students must hold a 3.0 GPA or higher and be in Good Standing with the University in order to be approved.

- Fieldwork Contract
- Copy of Student Liability Insurance
- Supervisor & Site Form
- Affiliation Agreement
- Digital Photo of Student
- Copy of DCP Audit from ASIST
- Copy of Supervisor’s License Verification from State Board Website
- Copy of Background Check receipt from Castle Branch

IMPORTANT APPROVAL INFORMATION:

- Once enrolled in ADCN 546 and ADCN 667, students will need to begin preparing the approval documents for submission.

- Students must check the Addictions Counseling webpage for instructions on how to submit the approval documents. The approval documents will only be accepted through electronic submission. You may not fax, e-mail, or mail the approval documents to our office.

- An approval e-mail will be sent to the student with the date that the student can begin earning hours. The student cannot earn hours prior to this point.

- In addition, students must keep student liability insurance up-to-date for the duration of course enrollment.

- An initial background check will also be required as part of the application process for internship. If the student completed the initial background check as part of their ADCN 500 course, then the student will need to do a background re-check for internship application.

- Note: The internship office will accept a background check from MAAC 500 if it is no more than 1 year old.
SUPERVISOR INFORMATION FORM*

*This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.

Name of Student: ___________________________ Student Number: ___________________________

Student’s Full Address: ________________________________________________________________

Student’s tel. #: (home or cell): ______________________ (work): ____________________________

Student’s Liberty email address: ________________________________________________________

Agency/Site Name: ________________________________________________________________

Agency/Site Address: ________________________________________________________________

Group Supervision is provided at this site: ☐ Yes ☐ No*  
*Group supervision is a requirement of the CMHC 699 Internship course. The group supervision requirement is met by faculty group supervision; however, students are encouraged to find sites that provide a group supervision experience.

Name of Supervisor: ☐ Mr. ☐ Ms./Mrs. ☐ Dr. ____________________________  

Position (title) ____________________________

Supervisor’s tel. #: (work): ____________________________ Supervisor’s Email: ____________________________

Academic Background of Supervisor:

<table>
<thead>
<tr>
<th>Degree</th>
<th>Major</th>
<th>Year Received</th>
<th>Educational Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Licenses and Certifications Currently Held by Supervisor:

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>State Where Valid</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Experience & Other Relevant Information

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

I certify that I have at least 2 years of clinical experience in the area I am supervising: Yes ☐ No ☐

Supervisor’s Signature ____________________________ Date ____________________________  

Student’s Signature ____________________________ Date ____________________________
SITE INFORMATION FORM*

*This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.

Name of Student: 
Student Number: 

Please circle the course that you are applying for: Practicum Internship

Student’s Full Address: 

Student’s tel. #: (home or cell):  
(work): 

Agency/Site Name: 

Agency/Site Address: 

Name of Director:  
Position (title): 

Agency/Site’s tel. #:  
Fax #: 

Usual Business Hours: 

Please check all services that apply:

- Agency
- Private Practice
- Faith-Based Center
- University Counseling Center
- In-Home
- Inpatient
- Outpatient
- Day treatment
- Non-profit
- Other: 

Individual Adult
- Group
- Child
- Adolescent
- Marriage & Family
- Psycho-educational groups
- Substance Abuse
- Rehabilitation
- Other: 

Please list at least three examples of the weekly fieldwork duties that the student will be performing:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Will the student be paid at this site? _______ If so, what are the conditions? __________

________________________________________________________________________

________________________________________________________________________

Director’s Signature Date Student’s Signature Date