

## 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.

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|---|--|
| <input type="checkbox"/> Fieldwork Contract   | <input type="checkbox"/> Copy of Student Liability Insurance |
| <input type="checkbox"/> Supervisor & Site Form   | <input type="checkbox"/> Affiliation Agreement               |
| <input type="checkbox"/> Digital Photo of Student   | <input type="checkbox"/> Copy of DCP Audit from ASIST        |
| <input type="checkbox"/> Copy of Supervisor's License Verification from State Board Website |  |
| <input type="checkbox"/> 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: \_\_\_\_\_

**(Required)**

**(Required)**

### **Academic Background of Supervisor:**

Degree	Major	Year Received	Educational Institution

### **Licenses and Certifications Currently Held by Supervisor:**

Type	Number	State Where Valid	Expiration Date

### **Clinical and Supervisory Experience**


I certify that I am fully licensed as an independent practitioner in counseling and 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:

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Will the student be paid at this site? \_\_\_\_\_ If so, what are the conditions? \_\_\_\_\_

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Director's Signature

Date

Student's Signature

Date