## 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:	P	osition (title)	
Agency/Site's tel. #:	Fax #:		
Usual Business Hours:			
Please check <u>all</u> services that apply:			
☐ Agency ☐ Private Practice ☐ Faith-Based Center ☐ University Counseling Center ☐ In-Home ☐ Inpatient ☐ Outpatient ☐ Day treatment ☐ Non-profit ☐ Other:  Please list three or more examples of the weekly fielAt least one work duty needs to count tow  1) 2)	dwork duties t		
3)			
Is the student employed with this site?  If yes, please list the 1) Name and 2) Job Title of the -The employment supervisor cannot be the 1)	ne <u>employmer</u>	_	
<ul> <li>Site Director, please initial the following statements:</li> <li>I confirm that this site is an established counseli</li> <li>I confirm that this site has a licensed mental hea</li> </ul>	-		
Director's Signature Date	Student	t's Signature Date	

## **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 Stud	aent <u>:</u>		Student Num	be <u>r:</u>			
Student's Full	l Address:						
Student's tel.	#: (home or cell):		(work):				
Student's Lib	erty email address:						
Agency/Site 1	Name:						
Agency/Site A	Address:						
*It is recomme addiction coun		that provides group su conent of growth as an	pervision. Although not requaddiction professional. Up t	uired, group supervision of o 5 hours of group supervision, if			
2. This site v	will allow taped vide	o sessions with clie	ents: 🛘 Yes 🖨 No				
relationship, *Dual Re objective	, direct work supervi <u>elationship</u> is a situation e feedback and guidance	sor, etc.). $\square$ No I on where multiple rose to the supervisee, Ms./Mrs. $\square$ Dr. $\_$	Oual Relationship les exist that could influe thus causing harm to the s				
		Po	osition (title)				
Supervisor's	s tel. #: (work):	/D • 1\	Supervisor's Email: _	(Required)			
Academic B	Background of Supe	( <i>Kequired)</i> rvisor:		(Kequired)			
Degree Degree	Major	Year Rece	ived E	Educational Institution			
Licenses and	Certifications Curi	rently Held by Su	pervisor:				
Type	Nu	mber	State Where Valid	Expiration Date			
Clinia I	C	•					
Clinical and	Supervisory Exper	ience					
certify that I at	m fully licensed as an i	independent practition pervising: Yes   No	oner in counseling and hav	ve at least 2 years of			
Iave you comp	leted any supervision t	training (workshops	, graduate level course, C	E's etc.): Yes $\square$ No $\square$			
łave you comp	oleted any online super	vision training: Yes	□ <b>No</b> □				
Supervisor's	Signature	Date	Student's Signatu	re Date			
Caber tight 3	DILIIIIUI U	Date	BLUUCIIL 5 BIZIIALU	ic Date			