



# MA Counseling Practicum/Internship Site Proposal

Effective Date 10/1/18

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## For Site Use Only

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Phone Number: \_\_\_\_\_ Site Fax Number: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

Email Address: \_\_\_\_\_

General description of the Practicum/Internship Site (overall mission, general types of clients, and services offered):

Training opportunities provided to Practicum/Internship students:

Purpose/Goals of the Practicum/Internship:

How does the Practicum/Internship Site support students' professional development?

Specific activities the Practicum/Internship student would be expected to perform:

Ongoing activities (ongoing tasks such as meetings, computer entry, etc.):

**Acknowledgement**

By signing below, I acknowledge all information provided on this form is true and correct to the best of my knowledge.

Proposed Site Supervisor Name (print): \_\_\_\_\_

Proposed Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please attach the proposed supervisor’s resume and copy of their license.**

**For Office Use Only**

Site Approved

Site Denied

If denied, reason for denial:

Director of Clinical Training Signature: \_\_\_\_\_ Date: \_\_\_\_\_