Internship Registration
Department of Counselor Education
Adams State University

Complete this form with your prospective Site Supervisor. Save the form as your last name and name of course, e.g. Doe İnternship. Attach the form to an email and send to the Clinical Coordinator at counseloredcc@adams.edu by the deadline (November 1st for Spring course; July 1st for Fall course)

A. Student Information

Name ____________________________________________________________

Cohort ___________________________________________________________

Student ID # ____________________________________________________

Course Semester/ Year _____________________________________________

Student Liability Insurance Expiration Date* _________________________

*Students are responsible for maintaining liability insurance and uploading proof of insurance into LiveText during Pre-Practicum, Practicum, Internship I, and Internship II.

B. Pre-requisite Information

By the time you begin Internship, have you or will you have completed the following required courses for Internship? You cannot enroll in Internship if you haven’t completed the required courses below.*

Yes _____ No _____ COUN 537, Practicum

Yes _____ No _____ COUN 550, Ethics and Professional Issues

*Several courses are designed to be taken before or concurrently with the Internship experience depending on your specialty program. These courses include: COUN 555 Clinical Mental Health Counseling, COUN 542 Diagnosis and Psychopathology, COUN 554 Evidence Based Counseling, COUN 540 Foundations of School Counseling, COUN 541 Comprehensive School Counseling, COUN 551 Professional School Counseling Issues, and COUN 534 Counseling Modalities in a School Setting. Contact your academic advisor to ensure you are following your program of study.
C. Site Information

Name of Site ________________________________________________________________

Website
__________________________________________________________________________

__________________________________________________________________________

Site setting (select one)

_____ Clinical Mental Health Counseling

_____ School Counseling

Types of services provided to clients/ students at site
__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Tentative job duties for Internship student
__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Is the student currently employed at this site? Yes* _____ No _____

*If yes, please describe the new duties the employee will be assuming for their Internship experience.
__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

D. Supervisor Information

Supervisor Name ____________________________________________________________

Work Phone _________________________________________________________________

Work Email _________________________________________________________________
Supervisor Qualifications *(all fields required)*

a. Highest degree earned (e.g. MA or PhD) ____________________________

b. Degree concentration (e.g. Counseling, Psychology)
   ________________________________________________________________
   ________________________________________________________________

c. Year degree awarded (e.g. 2000) __________________________________

d. Professional counseling licenses and/ or certifications and numbers (e.g. LPC #1234)
   ________________________________________________________________
   ________________________________________________________________

e. Number of years as a counselor, post master’s degree (2 years minimum) _________

f. Has the supervisor received training in counseling supervision (a minimum of three clock hours in counseling supervision that includes an understanding of models and theories of counseling supervision, ethical issues relevant to counseling supervision, and multicultural issues relevant to counseling supervision)? Yes _____ No* ______

Describe your training and qualifications in counseling supervision.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

*If no, supervisors are required to participate in a website-based training on counseling supervision, provided at no charge by Adams State University. The student cannot begin their Internship until this training is documented by the Clinical Coordinator.

g. Has the supervisor ever received a disciplinary action from their state regulatory agency and/ or department of education? Yes* _____ No ______

*If yes, please provide a summary of the disciplinary action.
D. Contract, Schedule & Agreement Statements

The purpose of this agreement is to provide a qualified graduate student with an Internship experience in the field of counseling, to ensure the welfare of clients/ students seen by the supervisee, and to promote the development of supervisee’s professional counselor identity and competence. Internship must be representative of a clinical mental health, addictions, or professional school counselor, reflecting the comprehensive work experience of a professional counselor appropriate to the designated program area. For Internship, 600 clock hours of service are required (at minimum) over the course of two academic semesters (30 weeks), with 240 clock hours being in direct service with actual clients/ students. Of these 240 clock hours, 10 clock hours (at minimum) must be leading or co-leading groups and 40 clock hours (at minimum) must be providing individual counseling.

Internship will begin on _________________________________

Internship will end on _________________________________

The anticipated weekly schedule is

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Comments on schedule

This contract will remain in effect for the duration of the students' Internship experience*. Termination of this contract prior to the successful completion of Internship requires the consultation of the assigned Site Supervisor, Clinical Coordinator, Internship instructor, and the student.

*Students and Site Supervisors should consult the Professional Practice Manual and the Supervisor Handbook for an extensive list of responsibilities by each party for Internship.

Summary of responsibilities:

- Site Supervisors and students will meet for an average of 1 clock hour of individual or triadic supervision every week. Supervision hours will be documented on the Midterm and Final Evaluation documents and well as the Final Paperwork document.
Site Supervisors must complete the web-based supervision training, or have previous training in counseling supervision (Note: the student cannot begin their Internship experience until this training is documented by the Clinical Coordinator).

Site Supervisors are to hold the appropriate license/credential for working within the specific Internship setting.

Site Supervisors are legally responsible for the welfare of the client/students seen at the site and are responsible for related professional work conducted at the student’s site.

Site supervisors engage in counseling supervision, providing both formative and summative feedback to the supervisee (e.g., examine the presenting concerns, challenge the students' approach and interventions, monitor the students’ attending skills, present and model appropriate directives, ensure ethical guidelines are upheld, and support the students' development as a counselor).

Site Supervisors will provide the opportunity for live supervision or for audio/video recording throughout the duration of Internship. For Internship I, Site Supervisors will provide documentation that this has occurred at least twice, using the Recording/Live Supervision Evaluation document provided by the student.

Students are required to uphold ethical guidelines and to maintain liability insurance throughout Internship.

Students are to attend weekly supervision sessions, be prepared for supervision, implement supervisory directives in subsequent sessions, communicate with supervisors and University any conflicts or concerns about the Internship experience, and consult with Site Supervisor in cases of emergency.

The University will provide 1.5 clock hours of group supervision for the student and is responsible for assigning the final Internship grade.

The University will provide training and consultation in counseling supervision to the Site Supervisor and will be in contact with the Site Supervisor on a regular basis to support the development of the counselor-in-training, including a site visit with the Internship instructor.

We agree, to the best of our ability, to uphold the directives specified in this supervision contract and within the Professional Practice Manual and Site Supervisor Handbook and to conduct our professional behavior according to the ethical principles of our professional association.

________________________________________________________________________

Student Signature & Date

________________________________________________________________________

Supervisor Signature & Date

________________________________________________________________________

ASU Clinical Coordinator Signature & Date

*By signing this form, your name will be automatically added to our site database. Please email the Clinical Coordinator at counseloredcc@adams.edu if you wish to have your name removed from this database.