

**Wright State University
College of Education and Human Services
Department of Human Services
M052 Creative Arts Center
Dayton OH, 45435
(937) 775-2075**

Application for Internship - CNL 954 Advanced Clinical Internship

1. Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ (Home) _____ (Work)
University ID Number _____

2. Application for: (please check appropriately)
_____ Summer _____ Fall _____ Winter _____ Spring
_____ 1 credit hour (30 contact hrs/Qtr) _____ 2 credit hours (60 contact hrs/Qtr)

3. Site Name _____
Address _____
City _____ State _____ Zip _____
Site Supervisor _____ Phone _____
Supervisor Credentials (please check appropriately):
_____ LPCC _____ Licensed Psychologist _____ Licensed Psychiatrist
_____ LISW (must provide evidence of clinical experience as required by OCSWB)
_____ Supervisor Counseling Status (as required by OCSWB)

4. Licensed Professional Counselor Training Supervision Agreement Form has been filed
with the Ohio Counselor and Social Worker Board. _____ Yes _____ No

5. Evidence of current professional liability insurance attached to this application.
_____ Yes _____ No

Signature _____ Date _____

Wright State University
College of Education and Human Services
Department of Human Services
M052 Creative Arts Center
Dayton OH, 45435
(937) 775-2075

Counseling Internship Contract / Memo of Understanding - CNL 954

Quarter: _____ Fall _____ Winter Credit Hours: _____ 1 credit
 _____ Spring _____ Summer _____ 2 credits

Student's Name _____

Site Name _____

Site Address _____

City _____ State _____ Zip _____

This Memo of Understanding is entered into between _____ ,
(Site Supervisor's Name)

Site Supervisor for _____ , an internship student from
(Student's Name)

Wright State University, College of Education and Human Services, Counselor Education
Program as represented by _____ . The Site Supervisor
(University Supervisor's Name)

agrees to assume responsibility for assisting the internship student in conducting clinical
counseling activities related to his/her internship experience. These activities are here
defined between the student and the College of Education and Human Services and are
agreed to by the Site Supervisor. The University Supervisor agrees to be available for
consultation with the site supervisor either personally or by phone and to make on-site
visits as deemed necessary by the student's progress and within the policy of the
Counselor Education Program of the College of Education and Human Services of
Wright State University.

Contract / Memo of Understanding continued

Site Supervisor agrees to:

- (1) Provide the student with 30 client contact hours (1 credit option)
- OR -
Provide the student with 60 client contact hours (2 credit option)
(please select one on the previous page)
- (2) Provide 1-2 hours of supervision per week with the student.
- (3) Complete the Evaluation For Clinical Internship Students form and communicate same to student as a final feedback on the progress of the student.
- (4) Other:

Student agrees to:

- (1) Act in a manner consistent with AACD, NBCC, ASCA, and/or AAMFT Code of Ethics.
- (2) Be responsible for _____ hours at the internship site.
- (3) Be responsible for being available to the site supervisor for conferences (e.g., staffings, consultation, etc.) for _____ hours per week.
- (4) Be responsible for _____ hours audio and _____ video tapings per week.
- (5) Be responsible for counseling (direct client contact) _____ hours per quarter.
- (6) Comply with the rules and regulation of site (e.g. report writing, inservice training, etc.).
- (7) Other:

_____ **Site Supervisor's signature and date**

_____ **University Supervisor's signature and date**

_____ **Student's signature and date**

**Wright State University
College of Education and Human Services
Department of Human Services
M052 Creative Arts Center
Dayton OH, 45435
(937) 775-2075**

Evaluation for Clinical Internship Students - CNL 954

I. Quarter / Year _____

II. Student Name _____

III. Site Supervisor _____

IV. University Supervisor _____

V. Evaluation: Please comment on the student's performance in the following areas

1. Diagnosis Skills

2. Treatment Planning

3. Intervention Skills

Evaluation for Clinical Internship Students continued

4. Case Management Skills

5. Other Comments

_____ **Site Supervisor's signature and date**

_____ **Student's signature and date**

**Please return to: Practicum and Internship Coordinator
 Department of Human Services
 M052 Creative Arts Center
 Wright State University
 Dayton OH, 45435**

For your assistance with the education and training of Wright State University students, we would like to show our appreciation with a \$100 stipend, which is to be distributed the following quarter. If the student has two supervisors, the stipend will be split between the two. If you are able to receive this stipend, please complete one of the following sections:

- I would like to have the check made out to my agency.

Site _____

Site Address _____

Tax ID # _____

- I would like to have the check made out to myself.

Name _____

(as it appears on your social security card)

Home Address _____

Social Security # _____

- I and/or my site are unable to accept the stipend.

If you have questions or concerns regarding the stipend, please direct them towards:

The Graduate Assistant for Practicum and Internship

M052 Creative Arts Center

937.775.4208

Or

The Chair of the Department of Human Services

Stephen B. Fortson, Ed.D., LPCC

M052 Creative Arts Center

937.775.2075

Appendix B

Wright State University

College of Education and Human Services, Department of Human Services
M052 Creative Arts Center, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fax: 937.775.2042

For students working towards a PC or PCC license or completing their practicum at a community mental health center, Counselor Training Supervision Agreement forms must be filed with the Counselor, Social Worker, Marriage and Family Therapy Licensure Board before beginning your supervised experience. This must be renewed prior to each quarter of internship. **It is the student's responsibility to file this form with the Board.**

Counselor, Social Worker, Marriage and Family Therapy Licensure Board
50 West Broad Street, Suite 1075
Columbus, OH 43215-5919
Phone (614) 466-6462

The forms should be retrieved from the board's website at
www.cswmft.ohio.gov/forms.stm

The form to be submitted at the beginning of the experience, to obtain status as a counselor trainee is: Trainee Supervision Agreement.

Hours must be reported to the board after each quarter of practicum and internship. The form to be submitted within 30 days of completing the experience is:

For practicum: Practicum Report Form

For internship: Internship Supervision Evaluation

A copy of the Trainee Supervision Agreement needs to be submitted to the graduate assistant for practicum and internship when you submit appendix 2,3, and 4. In your mailing to the board, you will need to include with the trainee supervision agreement, a copy of your supervisor's professional disclosure statement and a copy of your schedule.

It is highly recommended each student obtain a copy of the Rules and Regulations for Licensure from the State Board. This document contains information vital to your future as a counselor!