

DEPARTMENT OF COUNSELING AND DEVELOPMENT
PERMISSION FOR ACCRUING 50 PRE-INTERNSHIP HOURS

Please note: Hours accrued before permission slip is on file will not be counted. Internship Permission form must be submitted in addition to this form. **The 50 hours accrued must be at the same site with the same site supervisor as the remaining 250 hours.**

PLEASE CHECK COURSE NUMBER:

Mental Health Counseling

- _____ EDC 683 – Mental Health Counseling Internship I (300 hours)
_____ EDC 684 – Mental Health Counseling Internship II (300 hours)
_____ EDC 685 – Mental Health Counseling Internship III (300 hours)
_____ EDC 686 – Mental Health Counseling Internship IV (300 hours)

School Counseling

- _____ EDC 690– School Counseling Internship I (300 hours)
_____ EDC 691 –School Counseling Internship II (300 hours)

SEMESTER: FALL _____ SPRING _____ SUMMER (MHC only) _____ 20 _____

STUDENT INFORMATION

NAME OF STUDENT: _____

STUDENT’S EMAIL ADDRESS: _____

The student listed above has received permission to complete his/her counseling placement at the following location:

SITE INFORMATION

NAME OF INTERNSHIP SITE: _____

ADDRESS OF SITE: _____

ZIP: _____ PHONE: () _____

NAME OF SCHOOL DISTRICT: _____

SITE SUPERVISOR INFORMATION

STUDENT WILL BE SUPERVISED BY: _____

CREDENTIALS/LICENSES/CERTIFICATIONS: _____

EMAIL ADDRESS: _____

TITLE: _____

SIGNATURE: _____ DATE: _____

- In a **public school setting**, the cooperating counselor must be tenured with permanent certification, or where there is no tenure track, have three years experience and permanent certification in school counseling.
- In a **mental health setting**, the cooperating counselor must be a licensed professional in any mental health field (must be LCSW for social work credentials).

PLEASE RETURN TO: Department of Counseling & Development
Long Island University/C.W. Post Campus
720 Northern Boulevard, Brookville, NY 11548-1300