

Lenoir-Rhyne University
School of Counseling and Human/Community Services

School Counseling
Master's Practicum/ Internship Application

Semester and Internship Course of Enrollment:

- ☐ **School Counseling Practicum (COU 580)**
- ☐ **Internship in School Counseling I (590)**
- ☐ **Internship in School Counseling II (591)**

Fall _____ Spring _____ Summer _____

APPLICATION DEADLINE: Forms must be complete, legible and returned to the Department Director of Teacher Education Jayme Linton (Jayme.Linton@lr.edu). An original hardcopy with all supporting materials **MUST** be submitted no later than June 30th for fall placements and September 30th for spring placements (NO EXCEPTIONS). Late applications/requests may not be honored and the student may be unable to enroll in the planned practicum/internship experience. Space in practicum and internships is very limited; therefore students who meet all preliminary requirements will be approved on a first come basis. Incomplete and illegible applications will be returned.

IMPORTANT: School Practicum and Internship Placements are secured by the LRU Placement Coordinator Jayme Linton (Jayme.Linton@lr.edu). Under no circumstances are students to make contact or have any conversation about placements with any school personnel prior to approval by the placement coordinator. Students will be required to identify up to 3 placements. The coordinator will make contact and officially confirm placements. If contact is made without approval, students should be aware that the application for practicum or internship will be denied and course enrollment will be postponed for the semester.

Name _____ **Date** _____

Full Address _____

Phone: Home (____) _____ **Work** (____) _____ **E-mail** _____

Do you hold a professional level license/certification (provisional or otherwise) in Education?

☐ Yes / ☐ No

If yes please identify: _____

Site Information

REQUESTED SETTING (list 3 specific schools, in rank order of preference, in school systems with which LRC has placement agreements*).

On-Site Supervisor Information:

Site supervisors must have the following qualifications (CACREP III C.):

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for students.
4. Relevant training in counseling supervision.

*Alexander County, Burke County, Caldwell County, Catawba County, Newton-Conover City, Hickory City, Iredell-Statesville Schools, or Lincoln County (or others upon approval)

1.) Name of School: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address (if Different) from above: _____

City, State, Zip: _____

Telephone Number: (_____) _____

On-Site Supervisor Name: _____

Title: _____

Address: (if different from site address): _____

City, State, Zip: _____

Telephone Number: (_____) _____

E-Mail Address: _____

On-Site Supervisor's Graduate Degrees (s) and major(s):

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Number Years of Relevant Post Masters Experience: _____

On-Site Supervisor's Credentials: (Please check any of the following and attach a copy of your certification and/or license)

☐ School Counselor Certification # _____

☐ NCC # _____

☐ CCMHC # _____

☐ CRC # _____

☐ LPC # _____

☐ Other: _____

2.) Name of School: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address (if Different) from above: _____

City, State, Zip: _____

Telephone Number: (_____)_____

On-Site Supervisor Name: _____

Title: _____

Address: (if different from site address): _____

City, State, Zip: _____

Telephone Number: (_____)_____

E-Mail Address: _____

On-Site Supervisor's Graduate Degrees (s) and major(s):

Number Years of Relevant Post Masters Experience: _____

On-Site Supervisor's Credentials: (Please check any of the following and attach a copy of your certification and/or license)

☐ School Counselor Certification # _____

☐ NCC # _____

☐ CCMHC # _____

☐ CRC # _____

☐ LPC # _____

☐ Other: _____

3.) Name of School: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address (if Different) from above: _____

City, State, Zip: _____

Telephone Number: (_____)_____

On-Site Supervisor Name: _____

Title: _____

Address: (if different from site address): _____

City, State, Zip: _____
Telephone Number: (____) _____
E-Mail Address: _____

On-Site Supervisor's Graduate Degrees (s) and major(s):

Number Years of Relevant Post Masters Experience: _____

On-Site Supervisor's Credentials: (Please check any of the following and attach a copy of your certification and/or license)

- ☐ School Counselor Certification # _____
☐ NCC # _____
☐ CCMHC # _____
☐ CRC # _____
☐ LPC # _____
☐ Other: _____

Note to Student: By signing this form you are verifying that you have met the requirements to be eligible for the practicum experience and that you have taken the following courses required for your area of study: COU 505, COU 510, COU 515, COU 520, COU 524, COU 525, COU 530, COU 535, COU 540, COU 545, COU 550, COU 555, COU 560, COU 565, EDU 505, EDU 506). If you are registering for the internship course experience you verify that you have taken and passed the CORE Comprehensive Exam and successfully passed the practicum course experience. In addition, you are also signing that you are aware that placement may begin only after the clinical coordinator has signed the application and you begin the semester course experience. Total hours must be completed before the term ends in which you register for the course.

In addition to the application the following items must be attached to be considered complete.

- ☐ Copy and verification of liability insurance
☐ Copy and verification of CLEAR background check This background check must be within one year of the date you plan to begin your internship placement. If it has been more than 1 year, the student is to obtain recent results. (Please see the internship professional experiences handbook for more information on the background check and how to obtain a certified copy.)

Practicum/ Intern Student Signature

Date

FOR UNIVERSITY USE ONLY - DO NOT WRITE BELOW THIS LINE

Approved _____ Denied _____

School Placement Coordinator Signature

Date

Clinical Coordinator's Signature

Date

Reason(s) for Denial: