UNIVERSITY of the ROCKIES®

Application for Counseling Practicum/Internship

Revised 1/18/17

Purpose

Each student must complete an application for Practicum/Internship and submit the signed form by email to the Director of Clinical Training (DCT). This form must be approved by the DCT prior to a student participating in any Practicum/Internship hours. ♦ **Email:** rcc@rockies.edu

Student Information

First Name: __________________________ Last Name: __________________________ Student ID: ________________

City: ____ State: ___________ Zip Code: ______________________

Day Phone: __________________________________ Email Address: ____

Previous Education

Previous graduate degree(s): ☐ Yes ☐ No Area(s) of study: ____

Do you hold a mental health clinical license? ☐ Yes ☐ No If yes, what kind? ________________________________

Did you transfer in any clock hours of clinical or counseling Practicum/Internship? ☐ Yes ☐ No

If yes, how many hours? ___________

Practicum/Internship at University of the Rockies

What Practicum/Internship are you applying for? Please check one:

☐ Addiction Counseling ☐ Clinical Mental Health Counseling ☐ Marriage, Couples, and Family Counseling

Anticipated first term of Practicum/Internship: _____________________________

Do you work during the day? ☐Yes ☐No

Area of interest or academic concentration: ____

How do you intend to complete the required weekly hours in the Practicum/Internship? Please explain:

Acknowledgement

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

Student Signature: ____ Date: ____________________

For Office Use Only:

Verification of the following:

- Liability Insurance Dates: ________________________________
- Proof of professional licensure (if applicable): ________________________________

DCT confirmed __________ number of clock hours being transferred in for Practicum/Internship with the Registrar's Office (if applicable).

Director of Clinical Training (DCT) Approval: ______________________________________ Date: ____________________