



University of Colorado
Denver

INTERNSHIP AGREEMENT

This Agreement, by and between:

The Counseling Program
School of Education and Human Development
University of Colorado Denver
P.O. Box 173364, Campus Box 106
Denver, CO 80217-3364

- **AND**

Agency or School: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

- **AND**

Student Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ (Home) _____ (Work)

For the purpose of providing an internship in counseling for the above-named student for:

CPCE 5930: Internship

Begin Term: _____ End Term: _____

Credit Hours: _____ Internship Hours: _____

University Supervisor: _____ Phone #: _____

The student will be working primarily with the following type(s) of clients:

It is mutually agreed that:

A. The above-named **Agency or School** will provide the following services and supervision for the Counseling Program's student (master's degree or above):

1. An orientation to the agency or school and definition of specific student duties which are appropriate to clinical training and conform to the Counseling Program's expectations as contained in the Counseling Program's Internship Manual. No student will be required to meet any financial quotas, requirements or incentives at the Agency/School.
2. Supervision on-site to be performed by (On-Site Supervisor):

Name: _____

Email Address: _____

Degree(s) held: _____

Major field of study: _____

Licenses held: _____

Other Credentials: _____

Relevant work experience:

Years of experience as a counselor: _____

Years of experience as a supervisor: _____

Have you had any supervision training? ↑Yes ↑No

3. Weekly review of the student's performance via a one-hour individual meeting with the student and review and approval of the student's weekly internship log. Review raw data from at least one of the intern's counseling sessions either through live observation, or video or audio tape. Additional individual and on-site group supervision is strongly encouraged.
4. Ensure that clients are adequately informed of and consent to student participation in counseling sessions, as well as observation by the On-Site Supervisor.
5. The supervision of the student will be performed in accordance with the enclosed guidelines for supervision established by the ACA (American Counseling Association).

6. The supervision of the student will be performed by the On-Site Supervisor. If the On-Site Supervisor is absent or not available, he/she will designate an acting On-Site Supervisor and provide the alternate contact information to the student and the University Supervisor. The Internship Site Supervisor will require that a licensed mental health provider will be physically on-site at AGENCY at all times when a student is present.
7. Report, as soon as possible, any concerns, incidents, or claims involving the student to the University Supervisor and the student.
8. Prevent the student from engaging in after hours on-call responding to crisis situations without training and oversight provided by the internship site.
9. Provide copies of any documents the Agency /School requires the student to sign to the University Supervisor and the student.
10. The student has access to audio or video equipment for taping sessions for review in University Internship group supervision course. ↑ Yes ↑No
11. The student has access to professional resources such as assessments, technology, professional development materials, etc. ↑Yes ↑No

B. The **Student** will:

1. Be at the agreed upon location on the following days at the following times:

2. Be assigned the following specific duties and responsibilities:

3. Keep a log of time spent including weekly summaries, which will be reviewed and signed by the internship On-Site Supervisor.
4. Be responsible for knowing who is supervising their activities at the Internship Site at all times.

5. Participate in a one-hour weekly individual meeting with the Internship On-Site Supervisor to review performance and weekly internship log.
6. Attend weekly group supervision (class meetings) at the University of Colorado Denver.
7. Report, as soon as possible, any concerns, incidents or claims related to the internship to the Internship On-Site Supervisor and University Supervisor.

C. That the **University of Colorado Denver Counseling Program** will:

1. Advise the student as to the requirements (seminars, reports, evaluations) involved in the Internship.
2. Provide supervision meetings with the student to discuss common problems and experiences, as well as to assist student in case study presentation and other areas of concern.
3. Maintain periodic contact with the Internship On-Site Supervisor and the student to discuss the student's progress, including no less than one on-site visit by the student's University Supervisor for the purpose of meeting with the On-Site Supervisor.
4. Maintain appropriate records for registration and grading.

It is the expectation of all three parties involved that the above responsibilities and conditions be met. Should it become apparent that they are not being met by any of the parties, it is imperative that all three parties meet or confer as soon as possible discuss why these expectations have not been met, and attempt to resolve any issues or concerns.

Your signature below confirms you agree to all the above stated responsibilities and conditions:

Student Signature: _____

Date: _____

On-Site Supervisor: _____

Date: _____

University Supervisor: _____

Date: _____

This site is / is not currently on the list of approved Internship sites in the CU Denver Counseling Center office.