



University of Colorado
Denver

MASTERS PROGRAM IN COUNSELING

INTERNSHIP APPLICATION

RETURN TO THE CLINICAL COORDINATOR by JULY 15TH (FALL), SEPTEMBER 15TH (SPRING), APRIL 15TH (SUMMER).

APPLICANT'S NAME: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____ (CELL) _____

TRACK: _____ EMAIL _____

PROPOSED INTERNSHIP SITE: _____

INTERNSHIP SITE ADDRESS: _____

INTERNSHIP SITE PHONE: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S EMAIL: _____

SUPERVISOR'S DEGREE: _____

SUPERVISOR'S LICENSE: _____ LICENSE NUMBER: _____

SUPERVISOR'S OTHER CREDENTIALS (NCC, AAMFT MEMBERSHIP, CAC)

SUPERVISOR'S YEARS OF CLINICAL EXPERIENCE: _____

HAS THE SUPERVISOR HAD TRAINING IN SUPERVISION? YES ___ NO ___

SUPERVISOR'S YEARS OF PROVIDING CLINICAL SUPERVISION: _____

IS THIS SITE ON OUR LIST OF APPROVED INTERNSHIP SITES? YES ___ NO ___

(See the Counseling Center office for official listing). If your site is not on this list, you must submit the internship criteria from this manual to the proposed supervisor at the site who must send a memo to the Clinical Coordinator (to verify that the site meets the established internship criteria).

IS THIS SITE ALSO YOUR WORKPLACE? YES ___ NO ___

If yes, you will be permitted to count 50% of your work hours towards you internship and then you must have duties that are different from your current job responsibilities for the remaining 50%. You must also make arrangements for and you must have clinical supervision by someone who is not your administrative supervisor. In order to be eligible to use your workplace as an internship, you must send a memo to the Clinical Coordinator (troyann.gentile@ucdenver.edu) describing in detail the alternate activities in which you will engage for internship and a memo from your proposed supervisor verifying that s/he is not your administrative supervisor and that s/he meets the internship criteria for supervisors. (See internship manual)

IS THIS SITE LOCATED OUTSIDE THE DENVER METRO AREA? YES ___ NO ___

If yes, you must secure approval from the practicum clinical staff prior to entering into a contract with an out-of-town site. Please complete the required steps listed above for an internship site that is not on the approved list and submit the supervisor's memo and this application to the Internship Coordinator by the midterm evaluation in Practicum. Students who need additional skill or professional development will not be permitted to participate in internship sites outside of the Denver Metro area. Please know that you will be required to arrange distance supervision with your internship instructor each week, via appropriate technological means, determined by the instructor.

ARE YOU REGISTERED FOR CPCE 5930 (Internship in Counseling)? YES ___ NO ___

I WILL HAVE COMPLETED ALL PROGRAM COURSEWORK, INCLUDING RACTICUM, BEFORE ENGAGING IN INTERNSHIP?
YES ___ NO ___

Students must be registered for this course in order to be approved for internship. Only 12 students are permitted in each internship section per CACREP.

IF YOU HAVE QUESTIONS ABOUT INTERNSHIP, CONTACT the Clinical Coordinator EMAIL: troyann.gentile@ucdenver.edu

Signature: _____

Date: _____