

**CLINICAL SITE APPROVAL REQUEST: CLINICAL MENTAL HEALTH COUNSELING**

***Student Information***

Student Name:

Work Phone:

Cell Phone:

Email:

***Proposed Placement Site Information***

Clinical Site Name

Clinical Site Address

Proposed Site Supervisor Name

Clinical Site Phone / Extension of Supervisor

Site Supervisor Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Semester: Fall Spring Summer Change of Site

 Please circle one option above

Will you remain at this site for Internship? If Yes, how many Hours will you be YES NO at this site for Internship?

 Internship Hours(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total planned internship hours at this site

Below is the summary of Practicum (COUN 5900) and Internship (COUN 5901/5902) experience requirements. Advanced Internship activities should build upon and exceed those engaged in during Practicum (COUN 5900).

Students will learn about or participate in the following subjects and activities:

 1) Collaboration with other mental health professionals

 2) Organizational policies and procedures of the agency, including pertinent ethical and legal issues in clinical mental health counseling

3) Crisis intervention policies and procedures used at the agency

 4) Individual and group counseling

 5) Culturally sensitive service and counseling modalities to serve the culturally diverse members of the community

 6) Program design, implementation and evaluation

 7) Consultation

 8) Referral services

 9) Client advocacy

 10) Assessment of clients utilizing diagnostic tools that are appropriate for the agency

 11) Initial intake procedures

 12) Case management

 13) Documentation and record keeping

 14) Includes a minimum of one (1) hour each week of individual supervision by the Site Supervisor

Describe any other activities the student will be engaged in at the site during Practicum and Internship:

**Policies, Procedures and Professional Practice Agreement**

This is to confirm that the counseling activities I undertake as part of my supervised field experience for the MA in Counseling Program at Stockton University will be subject to the policies, procedures and professional practices of my placement site.

Student Signature Date Site Supervisor Date

 Signature

Internship Coordinator Signature Date

Return to: Elyssa B. Smith Ph.D., LPC, RPT, NCC

 Internship Coordinator: MA in Counseling Program

 Stockton University Kramer Hall

 30 Front Street; Office 203b

 Hammonton, NJ 08027

 Email: Elyssa.Smith@Stockton.edu Phone: 609-626-3170

(Adapted from TCNJ CES form, 2015)