

Form A-Internship (1 of 2 pages)

Counselor Education Program
Portland State University

~ Internship Application ~

Date: _____

Student: _____ PSU ID #: _____
(Last, First, Mid. Initial)

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (HM.): _____ Alt Phone: _____

In Case of Emergency contact: _____ Phone: _____

Supervisor on site: _____ Site: _____

Phone: _____ Email: _____

Intern Track/Specialty: _____ CMH _____ MCF _____ Rehab

Internship Year/Term: _____ Fall _____ Winter _____ Spring _____ Summer

Advisor: _____ Approval: Yes _____ No _____ Date: _____

Supervisor: _____ Approval: Yes _____ No _____ Date: _____

Intern Coordinator: _____ Approval: Yes _____ No _____ Date: _____

(Coordinators: Miars – CMH, Halverson–MCF, Livneh–Rehab)

Insurance Coverage: * _____ Expire: _____

Carrier name: _____ Policy #: _____

**Present proof when seeking Advisor Approval*

See page 2 for coursework requirements.

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Coursework completion ***REQUIRED*** prior to first day of Internship. Fill in completion date for each course. Advisor will review these requirements prior to approval.

X= required course for that track.

Course #	CMH Date	MCF Date	Rehab Date
Coun 510, Intro to Psych Diag			
Coun 541, Intro Counsel.			
Coun 551, Theory & Interv. I			
Coun 552, Theory & Interv. II			
Coun 569, Dev. Foundations			
Coun 567, Using Test in Coun			
Coun 566, Appraisal Instru.			
Coun 509, Group Practicum			
Coun 571, Group Counseling			
Coun 585, Diag & Treat I			
*Coun 509, Practicum (term 1)			
*Coun 509, Practicum (term 2)			

Give original of this document to Advisor.

***Practicum Verification**

Student Name: _____ Date: _____

____ Current face-to-face client contact hours: _____ Date: _____

____ Projected total client hours by end of practicum experience: _____
Student's initials implies agreement