

Application for Practicum Clinical Mental Health Counseling

Directions: Complete the entire application. Fill out each box. Attach your **resume** and a copy of your most recent **unofficial academic transcript**. Applications with missing information will not be considered for any internship. Return this completed form to the Practicum and Internship Committee Chair.

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| Name (Last, First, Middle): | | RU Student Id # | |
| Street Address: | | City, State & Zip: | |
| Email : | Home Phone: | Work Phone: | Other Phone: |
| Indicate year when you entered the program: | | | |
| Prospective graduation date: | | <input type="checkbox"/> December <div style="text-align: right; margin-left: 100px;">Year</div> <input type="checkbox"/> May <div style="text-align: right; margin-left: 100px;">Year</div> | |
| Indicate the semester and year in which you plan to be <i>enrolled</i> in practicum: | | Group Practicum: Semester: Year: | |
| Practicum Site Information | | | |
| <i>*If you have not secured a Practicum placement at this time, please indicate the site you are planning to secure. You will submit an updated application once your site is confirmed.</i> | | | |
| Practicum Site: | Address: | Phone Number: | Email: |
| Supervisor Name and Title: | Degree and Graduation Year: | Licensure/Certification(s): | Years of Experience: |
| If approved by the Practicum and Internship Committee, are you interested in using your current employment as your internship? | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If approved by the Practicum and Internship Committee, are you interested in using your current employment as your internship? | | If YES, what is your current job title, employer, and supervisor? Please also provide contact information. | |
| Practicum Application Signature: | | Date: | |
| Advisor Name: Advisor Signature: | | Date: | |