

**TRINITY (WASHINGTON) UNIVERSITY
COUNSELING PROGRAM**

PRACTICUM & INTERNSHIP APPLICATION FORM*

Date: _____

NAME: _____ ID#: _____ LPC/SC: _____

ADDRESS: _____

Telephone (H) _____ (W) _____ (C) _____

E-mail(s): _____

Current occupation (full title): _____

Employer name & address: _____

▶ Teaching Experience (years *full-time* if any): Pre-K ___ Elem. ___ Middle ___ HS ___

▶ Semester you plan to enroll for Practicum/Internship (Please circle):

COUN 631: Practicum in Counseling: Fall Spring Summer 20__ __

COUN 640: Internship in Counseling I: Fall Spring Summer 20__ __

COUN 642: Internship in Counseling II: Fall Spring Summer 20__ __

▶ Preferred Setting: A) Community B) School

▶ Proposed Site (Is there a specific site in which you would like to be placed? If so, indicate name, address and contact information for director/principal/supervisor here):

▶ School District(s) (Please rank order; 1 being your first choice):

District of Columbia _____ Prince George's County _____ Montgomery County _____

Arlington County _____ Fairfax County _____ Other _____

At which *grade level*? Elementary _____ Middle _____ High School _____

(Note: Virginia school districts may require placement in *more than one* grade level).

***Application deadlines: Fall (April 15) Spring (September 15) Summer (February 15)**

- ▶ **Schedule:** Specify combination of *days & exact times* (AM through PM hours) you will agree to be available at your placement site? (Placement cannot proceed without these).

M _____ T _____ W _____ TH _____ F _____ Sat _____

(Note: While schedules each semester may change field training will continue at a *single placement site* throughout practicum/internship unless otherwise pre-approved).

- ▶ **Are you requesting field training at your employment site?** No _____ If "Yes," please provide names of immediate supervisor and proposed supervisor and department:

- ▶ **Do you have a relative who works or is enrolled as a student in any of the schools in which you are interested in being placed?** No _____ If "Yes," please list their name(s), and relationship to you: _____

- ▶ **Liability Insurance:** Each student-trainee is *REQUIRED* to have student liability insurance when practicum commences (Aug/Jan/May). Insurance is available from ACA or ASCA at reasonable rates for student members (ACA: 800/347-6647, www.counseling.org; ASCA: www.schoolcounselor.org, 800/306-4722).

() I have attached verification of liability insurance

() I do not yet have liability insurance, but will provide verification *prior* to the beginning of the semester.

- ▶ **Health & Security Screening:** School Counseling trainees are required to complete local health and security screenings.

Do you have results of a TB Tine Test or Chest X-Ray taken within the last year?

() I have attached verification of the TB Test _____ or Chest X-Ray _____

() I will make arrangements with my health care provider and provide a copy of the results *prior* to the beginning of the semester.

() I will make arrangements as directed by the human resources office.

- ▶ **Current Resume:** () I have updated and attached my resume with this application.

- ▶ **Preparations & Paid Internship:** If you are employed, have you discussed your upcoming field training with your employer? Please remember to make necessary arrangements for leave, comp/flex time as needed. Have you made child-care/family arrangements as necessary for the training period? Paid internships in the form of stipends are rare. Field training at employment sites must be negotiated and *PRE-APPROVED* in writing by *both* site and program administration to insure full compliance with ethical (ACA, ASCA) and Counseling Program requirements & certification standards (CACREP).

(Please Note: *All* application materials must be submitted prior to beginning field training. Delays can preclude start of placement in the semester chosen.)

Student Signature: _____