

## ***SUPERVISOR INFORMATION FORM\****

*\*This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.*

Name of Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

Student's Full Address: \_\_\_\_\_

Student's tel. #: (home or cell): \_\_\_\_\_ (work): \_\_\_\_\_

Student's Liberty email address: \_\_\_\_\_

Agency/Site Name: \_\_\_\_\_

Agency/Site Address: \_\_\_\_\_

Group Supervision is provided at this site:       Yes       No\*

**\*Group supervision is a requirement of the COUN 699 Internship course.** The group supervision requirement is met by earning Group Supervision hours on-site (Minimum of 25 Hours). If site is not able to provide the student with group supervision, the student must add a 2<sup>nd</sup> site and a 2<sup>nd</sup> supervisor to meet the requirement for Group Supervision.

Please check the box confirming there is **no** dual relationship\* that would impair your judgment or limit your ability to remain objective with your supervisee (e.g. family/personal relationship, direct work supervisor, etc.).       No Dual Relationship

*\*Dual Relationship* is a situation where multiple roles exist that could influence the overall ability to provide objective feedback and guidance to the supervisee, thus causing harm to the supervisee.

Name of Supervisor:  Mr.    Ms./Mrs.    Dr. \_\_\_\_\_

Position (title) \_\_\_\_\_

Supervisor's tel. #: (work): \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

*(Required)*

*(Required)*

### **Academic Background of Supervisor:**

| Degree | Major | Year Received | Educational Institution |
|--------|-------|---------------|-------------------------|
|        |       |               |                         |
|        |       |               |                         |
|        |       |               |                         |

### **Licenses and Certifications Currently Held by Supervisor:**

| Type | Number | State Where Valid | Expiration Date |
|------|--------|-------------------|-----------------|
|      |        |                   |                 |
|      |        |                   |                 |
|      |        |                   |                 |

### **Clinical Experience & Other Relevant Information**

|  |
|--|
|  |
|  |
|  |

I certify that I have at least 2 years of clinical experience in the area I am supervising: Yes       No

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## ***SITE INFORMATION FORM\****

*\*This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.*

Name of Student: \_\_\_\_\_ Student Number: \_

**Please circle the course that you are applying for:**      Practicum      Internship

Student's Full Address: \_

Student's tel. #: (home or cell): \_\_\_\_\_ (work): \_

Agency/Site Name: \_

Agency/Site Address: \_

Name of Director: \_\_\_\_\_ Position (title) \_

Agency/Site's tel. #: \_\_\_\_\_ Fax #: \_

Usual Business Hours: \_

**Please check all services that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Agency                       | <input type="checkbox"/> Individual Adult          |
| <input type="checkbox"/> Private Practice             | <input type="checkbox"/> Group                     |
| <input type="checkbox"/> Faith-Based Center           | <input type="checkbox"/> Child                     |
| <input type="checkbox"/> University Counseling Center | <input type="checkbox"/> Adolescent                |
| <input type="checkbox"/> In-Home                      | <input type="checkbox"/> Marriage & Family         |
| <input type="checkbox"/> Inpatient                    | <input type="checkbox"/> Psycho-educational groups |
| <input type="checkbox"/> Outpatient                   | <input type="checkbox"/> Substance Abuse           |
| <input type="checkbox"/> Day treatment                | <input type="checkbox"/> Rehabilitation            |
| <input type="checkbox"/> Non-profit                   | <input type="checkbox"/> Other: _                  |
| <input type="checkbox"/> Other: _                     | _____  |

Please list at least three examples of the weekly fieldwork duties that the student will be performing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the student be paid at this site? \_\_\_\_\_ If so, what are the conditions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date