

SUPERVISOR QUALIFICATIONS FORM

Old Dominion University
Human Services Program

INFORMATION

Name of Intern Student _____

Semester of Internship _____

Name of Internship Supervisor _____

Name of Agency _____

Agency Address _____

_____ Zip _____

E-mail Address of Supervisor _____

Agency Telephone Number () _____

Supervisor's Current Job Title _____

LICENSURE INFORMATION (if applicable)

Type of License	State & Department Issuing License	License #/ID & Expiration Date
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EDUCATIONAL/ACADEMIC INFORMATION

Highest Degree Earned*	Major/Program of Study
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*** If the highest degree earned is a bachelor's level degree, then a current copy of the supervisor's resume must be submitted with this form. Remember that supervisors must have at least 5 years of experience in the field if they only have a bachelor's degree.**

Approval/Denial will be sent to the student intern within two weeks of the receipt of this form.