

Counseling Internship Application

College of Education and Human Services
Department of Counseling and Special Education
321 Education and Human Services Building
Mt. Pleasant, MI 48859
Office: 989-774-3205
Fax: 989-774-2305
E-mail: cse@cmich.edu

It is extremely important to read the Application and Manual thoroughly prior to beginning the process of locating a site.

All forms must be completely filled out and submitted to cse@cmich.edu for review.

Submitting Your Application Materials for Site Approval

CED 691—Counseling Internship

To submit your application, you must include:

- Application for Internship
- Affiliation Agreement Request Form
- Site & Supervisor Qualification Form
- Supervisor's Resume and Professional Liability Verification
- Internship Plan Form
- Internship Agreement
- A copy of packet of materials prepared for the site interview (must be included).
 - Your updated resume.
 - A letter explaining why you are interested in being an intern at this site.

All forms must be completely filled out and submitted to cse@cmich.edu for review.

No other forms of submission will be accepted.

Your email must include all materials in one email. Please do not submit materials in separate emails.

CED 691—Counseling Internship Application

Name _____ Date _____

Student ID # _____ Semester _____

Cohort Name/Location _____

Course CED 691 Section # _____

Site Name _____

***Semester(s) at *this* site: Fall ____ Spring ____ Summer ____ ***

CMU E-mail _____ Phone Number _____

Contents (check off)

- Application for Internship
- Affiliation Agreement Request Form
- Site & Supervisor Qualification Form
- Supervisor's Resume and Professional Liability Verification
- Internship Plan Form
- Internship Agreement
- Site Interview Packet
 - Your updated resume.
 - A letter explaining why you are interested in being an intern at this site.
- Proof of Professional Liability Insurance

For office use only	
Date Received _____	Contacted _____
Approved: Yes _____ No _____	Comments _____

Semester: _____ Date: _____

CED Program Location: On-Campus Off-Campus (Cohort: _____)

Name: _____ Student ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employment status: Full Time Part Time Not employed

Employer: _____

Position: _____

Semester in which you took CED 690: _____ CED 690 grade: _____

Semester you intend to graduate: _____

CED Advisor: _____

Student status: Full Time Part Time

Program: CMH School Addiction

Internship Site: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name: _____

Supervisor Phone: _____

Supervisor Email: _____

Is this a paid internship? Yes _____ No _____

The Council for Accreditation of Counseling & Related Programs (CACREP), Section 3, Standard A states “Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.” As a result, students are required to purchase liability insurance for the practical courses in the program (CED 690: Practicum & CED 691: Internship). Even though CMU provides standard insurance coverage of its own, CACREP requires it and it is best professional practice to safeguard yourself.

Who do you have professional liability insurance through?

Provider: _____

Policy #: _____

Policy Effective date: _____ to _____

Have you attached a copy/proof of verification? Yes No

Please Note: Your Internship Application will not be approved without this proof submitted with the application.

Affiliation Agreement Request Form

CED Program Location: On-Campus Off-Campus (Cohort: _____)

Student Name: _____ Student ID: _____

Phone: _____ Email: _____

Semester & Year: _____

Name of Site: _____

Supervisor Name: _____

Supervisor Email: _____ Phone: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Is this a Paid Internship? YES NO

Authorized Contract Officer: _____

PLEASE PRINT (must be authorized to sign legal agreements on behalf of your site; may not be your supervisor)

Title of Authorized Contract Officer (ACO): _____

ACO Phone: _____ Email: _____

*Upon receipt of this request form, affiliation agreements will be prepared and sent to you to take to the site for the appropriate signatures. After signature, you need to return the signed agreement to Chelsea Rigley for the CMU official signature. The agreement can be sent via email (cse@cmich.edu) or mailed. Chelsea will send you a notice informing you when you may begin accruing hours at the site if all other required paperwork has been processed and approved, you have completed all course prerequisites, and otherwise have instructor approval. **Remember, you cannot start at the site until the agreement has been fully processed and you have received the notice from Chelsea. Please do not go to your site until the 1st day of classes.***

****Please see Affiliation Agreement section in the Internship Manual for important details about liability issues****

For Office Use Only:

_____ Affiliation Agreement currently in effect Expires: _____/_____/_____

_____ NEW Contract Sent for site signature: _____

Sent for CMU signature: _____

_____ Contract Renewal Sent for site signature: _____

Sent for CMU signature: _____

_____ Approval sent to student Date: _____

Site & Supervisor Qualification Form

This form must be completed by your site supervisor

Student Name: _____ Date: _____

Site Name: _____

Site Location: _____

Supervisor's Name: _____

Phone: _____ Email: _____

Title/Position: _____

License(s)/Certification(s): _____

Expiration Date: _____

Education (Begin with most recent)

Institution, Location	Degree	Year

Areas of Specialization	Training/Experience in Specialization

Professional Affiliations/Memberships:

1. _____

2. _____

3. _____

Relevant Training in Counseling Supervision

Client Contact/Direct is defined as any group or individual interaction with a client(s) in which the student is responsible for facilitating some or all of that interaction. Thus, if a student is asked to sit in on a group, that time would be classified as Administrative/Indirect, and the processing of the group afterward with the group facilitator would be classified as Supervision. Accrual of Client Contact/Direct hours would begin when the student begins to take responsibility for conducting all or part of a session(s).

The hours should be assigned as follows:

Client Contact/Direct = individual client session(s) (individual counseling, couples, families, and groups);

Supervision = individual, group, and family contact with supervision;

Administrative/Indirect = non-clinical client contact (any activities except clinical contact, such as tape work, case notes, consultation, reading, preparation, and professional development).

Questions:

1. Is there an opportunity for the student to meet all three categories (client contact, supervision, administration)? _____ Yes _____ No
2. Is this a paid internship? _____ Yes _____ No
3. Is there an opportunity for:
 - a. Individual counseling _____ Yes _____ No
 - b. Couples counseling _____ Yes _____ No
 - c. Family counseling _____ Yes _____ No
 - d. Group counseling _____ Yes _____ No
4. Is the student able to counsel clients and participate in ongoing clinical counseling? _____ Yes _____ No
5. Does the site provide the internship student the opportunity to audio/video record and/or live supervision of the student interacting with clients? _____ Yes _____ No

Supervisor Signature: _____ Date: _____

Please include your current resume and professional disclosure

Internship Plan

Intern Name: _____ Student ID #: _____

Semester: _____ Date: _

Internship Site: _____

Intern Schedule (day/hours)

Day	From	To	From	To
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Briefly describe the learning opportunities and responsibilities for interns at the site.

In the spaces provided below, list goals and activities agreed upon by the site supervisor and intern. **These goals must be reflected on the midterm and final evaluation forms.**

	Learning Goals—What	Learning Activity—How	Category—client contact, supervision, administrative
1			
2			
3			

4			
5			
6			
7			
8			
9			
10			

Learning Goals: What the intern and site supervisor agree as the primary goals to be achieved.

Learning Activity: What activities the intern and site supervisor agree as the means to achieve goals.

Category: Determine if goals have been achieved based on client contact, supervision, and administrative.

Note: The student may be involved with groups and families. However, a majority of the student's experience must involve ongoing individual counseling sessions.

Note: The learning goals must be listed on the midterm and final evaluations.

Intern Signature: _____

Date: _

Site Supervisor Signature: _____

Date: _

Internship Agreement

As a student in the Department of Counseling & Special Education, College of Education & Human Services, at Central Michigan University _____
(student's name) is contracting with _____
(site supervisor's name, degree, title) at _____
(school/agency/organization name) in order to fulfill the requirements of his or her
internship.

TERM

The term of this agreement shall be for the period beginning on _____
and will terminate on _____. The agreement is subject to renegotiation or
termination by any party with written notification. Any amendments or changes to the agreement
prior to its expiration must be mutually agreeable to all parties who are signatories to the
agreement.

REQUIREMENTS

The intern is expected to complete **600** clock hours of supervised counseling internship in roles
and settings with clients relevant to their specialty area. Of the 600 hours, **240** clock hours must
be working directly with clients in individual, couples, families, or group sessions, or through
intake interview, biopsychosocial assessments, psychological assessment, and contacts with
other parties on behalf of the client(s). The remaining hours should be spent in internship class,
individual or group supervision, client preparation, related paperwork, staff/team meetings,
outreach, and continuing education.

The intern should receive an average of one (1) hour per week of individual and/or triadic
supervision provided by the site supervision or university faculty instructor. The intern should
receive an average of one and one half (1 1/2) hours per week of group supervision on a regular
schedule throughout the internship provided by a university faculty instructor.

LIABILITY INSURANCE

Interns enrolled in the Masters of Counseling degree program at Central Michigan University
have individual professional counseling liability insurance policies with coverage of \$1,000,000
per each incident and \$3,000,000 in aggregate.

EVALUATION

The Site Supervisor will complete a Mid-term and Final evaluation of the intern's skills and
development per semester. At the end of each semester in which the intern is enrolled in

internship, the Site Supervisor(s) must complete a *Supervisor's Evaluation of Student Intern* form, which is then given to the student. *The Student Evaluation of Internship Site and Field Supervisor* form is completed by the student for each site upon termination of her or his internship.

ROLES & RESPONSIBILITIES

Counseling Intern

1. The CIT shall function as a member of the site's staff with full rights and privileges consistent with his or her level of training and ability. In exchange, the CIT agrees to abide by and conform his or her behavior to site policies and procedures and to perform in a professional and ethical manner. However, it is understood and agreed by the CIT and site that this agreement does not give rise to an employment relationship between the CIT and site and the CIT is not entitled to any employee benefits as a result of this agreement.
2. The CIT agrees to obtain at his or her own expense individual professional liability insurance (minimum \$1,000,000 each incident, \$3,000,000 aggregate) prior to starting his or her internship and to maintain such insurance throughout his or her internship.
3. The CIT will abide by professional best practices, the American Counseling Association *Code of Ethics* (2014), site policies/procedures, and any other standards of care.

Site Supervisor

1. The student intern and the internship Site Supervisor should cooperate in determining the most appropriate experiences for the intern, including, but not limited to, assignment of duties and arrangement of supervision.
2. The Site Supervisor must hold a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses with a minimum of 2 years of post-master's pertinent experience.
3. The Site Supervisor will provide a minimum of one uninterrupted hour of face-to-face on-site supervision per week or for every 20 hours the intern spends in internship activities at the site.
4. The Site Supervisor will provide appropriate supervision either directly (via co-facilitation or observation) and/or indirectly (via audio/video tape) of the student's work and provide feedback based upon that observation.
5. The Site Supervisor will work with the student intern to provide as many opportunities for individual, group, family, and couples counseling experiences as possible, including various other advising, case management, supervision, and career exploration opportunities.
6. The Site Supervisor will provide written evaluations as required by the Central Michigan University Counseling Program.
7. The Site Supervisor should communicate freely with the University Faculty Instructor concerning the student's progress and any issues encountered in the supervision process.

8. The Site Supervisor will provide a copy of his/her resume and professional disclosure statement.
9. The Site Supervisor will be on-site and available to the intern for questions and consultation.
10. The Site Supervisor will report to the University Faculty Instructor any student issues that may impair student learning, supervision, and the agency.

Site

1. The site will provide the student intern with adequate workspace, telephone, or office supplies, as they conduct their professional activities.
2. The site will provide a qualified on-site supervisor who must be available a majority of the time.
3. The site will allow supervisors to engage in live supervision of the intern's sessions or audio/video tape sessions for on-site supervision. It is understood by all parties that written consent to tape will be obtained from clients prior to taping and that session recordings may be reviewed in confidence with the site supervisor or in group supervision. Recordings will be erased or destroyed no later than the end of the internship.
4. The site will be able to provide an adequate number of clients and counseling opportunities to meet the required number of direct and indirect client counseling hours for CED 691 (600 hours total, with 240 being direct service hours) in the time allotted for the course. Opportunities in counseling, assessment, and treatment planning and intervention consistent with the CITs level of training and ability are required.
5. The site may resolve any problem situation in favor of clients' welfare and may take the client assignment from the CIT. If deemed necessary by the site, for any reason, the CIT may be removed from the site and be required to withdraw from the internship site.

Department/Program

1. The Department of Counseling & Special Education will be actively involved in overseeing the intern's experiences and will also participate in individual, triadic, or group supervision of the counseling intern. Interns participate in an average of 1 ½ hours per week of group supervision on a regular schedule throughout internship, which is provided by a university faculty instructor.
2. The Department will maintain contact with the intern and the site to ensure that duties and responsibilities are followed. As such, the Department and its designated representative will be involved in any problems that may arise between the intern and the site. The Department shall be notified immediately when a problem occurs, and the Department shall be involved in any subsequent decisions that affect the intern.

COPIES OF THIS AGREEMENT

One copy of this agreement will be provided for the intern and one copy will be provided for the internship site. The Department will also maintain one copy in the intern's folder. Additional copies may be requested as needed.

SIGNATURES

Counseling Intern Signature

Date

Site Supervisor Signature

Date

University Faculty Instructor Signature

Date

I have received and read the Internship Manual for the Central Michigan Counseling Program in the Department of Counseling & Special Education.

Supervisors Initials: _____ Date: _____

Counselor-In-Training Initials: _____ Date: _____