

The University of Memphis
DEPARTMENT OF COUNSELING, EDUCATIONAL PSYCHOLOGY AND RESEARCH

INTENT TO TAKE INTERNSHIP FORM
Doctoral Internship (Counselor Education)

Please note: you must do one of these forms for each semester that you are applying (e.g., one for Summer and one for Fall). Please do not use the same form for more than 1 semester. Additionally, this form must be completed in its entirety.

Semester in which you are
applying (PICK JUST ONE):

Course you are applying to (PICK JUST ONE):

SPRING _____
FALL _____

COUN 8530 (3 HOURS- PART-TIME INTERNSHIP) _____
COUN 8530 (6 HOURS- FULL-TIME INTERNSHIP) _____

Print Name (First and Last): _____

UUID: _____ Best phone number to reach you: _____

Street Address (with city, state, and zip code): _____

Your Memphis E-mail (how we will be reaching out to you): _____@memphis.edu

Please initial next to the following statements acknowledging that you have read and understood them:

_____ I understand that this form must be completely filled out before I turn it in and if it is not, it may delay my ability to take internship for the intended semester in which I am filling out this form.

_____ I understand that **I must have my placement arrangements secured by the following date(s)** depending on the semester I am enrolling in: **Summer internship: May 15th; Fall practicum or internship: July 31st; Spring internship: December 15th**. I understand that failure to have a placement secured by these dates may mean I have to postpone taking internship.

_____ I understand that I must do the following after securing my site (and BEFORE) I can start at my site: attend a practicum/internship orientation, supply the Practicum/Internship Coordinator my site supervisor's information, turn in a copy of my current liability insurance, and create a site agreement with my site supervisor. Failure to attend orientation and/or turn in this information can delay my start date at my site and/or result in not being able to take practicum/internship that semester.

_____ If needed, the P/I coordinator can speak to a site on my behalf (e.g., to confirm if taking a course, etc.).

_____ I understand that I cannot count work hours as practicum and internship hours. If I want to do a placement at my work site, I must ensure that it is different than my work responsibilities and fill out additional paperwork at least 6 weeks in advance of the semester to see if it will get approval. (I am also aware that it may not get approval).

_____ I understand that my plan may need to be modified if requested by faculty.

Please check three areas that will be of focus for internship (you will pick three areas for each internship). From there, please describe (in clear detail) what that will look like during internship. (Feel free to add more on the back or on a different sheet of paper if needed).

Before completing: please be mindful that your advisor may require you to pick a specific area based on feedback and progression in the program. Please consult with your advisor before selecting the focus. Also note: at least one of the areas during one of the internships needs to be in teaching.

_____ Counseling _____ Teaching _____ Supervision
 _____ Research and Scholarship _____ Leadership and Advocacy

Area of Focus	Details on Completing This Focus During Internship

Have you reached out to sites listed above? If so, is it secured? _____

Have you applied for liability insurance? _____ If so, when does it expire? _____

Do you currently work at the site(s) listed above? _____ If so, in what capacity? _____

Are you employed? If so, what hours/days do you work? _____

Have you read the program's Practicum and Internship Manual? _____

If sites want to know what courses you have completed, may I tell them (will not disclose grades)? _____

Please sign below (and do not forget that your signature means you understand the deadlines above. Advisors: your signature means that you also have reviewed and support the plans as outlined above.):

Your Signature: _____ Date: _____

Advisor's Name: _____ Advisor's Signature: _____ Date: _____

****DUE TO DR. DEMPSEY (MCWLLAMS@MEMPHIS.EDU) BY: FEBRUARY 15TH (FOR SUMMER AND FALL APPLICATIONS) AND BY SEPTEMBER 15TH FOR SPRING APPLICATIONS****