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

PRACTICUM/INTERNSHIP APPLICATION Rehabilitation Counseling or Clinical Rehabilitation

Application must be FULLY completed to be considered for placement

SEMESTER (CHECK ONE)		AREA (CHECK ONE)		
FallSpringSummer	_	Intern CC	OUN 7941 Reh OUN 7942 Reh OUN 7942 Reh	nab _hrs
	Advisor's Signat	cure - Date		
NAME Last	First	MI	Um ID#	
Street and Number	City	Sta	nte	Zip
Home Telephone	U of M E	-mail	Alternat	e Phone #
Preferred Practicum or I	nternship Site		sses, E-mail a ite Superviso	
1		1		
Have you contacted this s	ite? Yes No _			
2		2		
Have you contacted this				

<u>APPROVED PROGRAM OF STUDY – REHABILITATION</u>

In the blank spaces beside each course, indicate the grade received. If you are currently enrolled in one of the courses, note IP. Remember that you must have a B or above in core classes. Note: Your signature on this form allows the coordinator to share the coursework you have completed with your prospective sites.

COUN 7411 Foundations of Counseling	
COUN 7531 Group Counseling Process	
COUN 7541 Theories of Counseling and	
COUN 7551 Assessment Techniques	•
COUN 7571 Clinical Techniques	
COUN 6901 Principles & Techniques o	f Rehabilitation Counseling
COUN 7630* CMH Counseling	Ç
CSPY 7700*Mental Health Intervention	ns
(* Note – Clinical rehab has different requirements))
Do you have your liability insurance?	
Have you looked into security clearance policies of	your sites (shots etc.)?
Do you work? If so – what hours do you work?	
* Student's signature	Date Submitted
** Deadlines Spring are the end of the 3 rd Fall and Summer they are the end of the	
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Return this form to Pam Cogdal, Ph.D. Ball Hall 10 you!	01A Before the above deadline. Thank
9-30-17	