COUNSELING & DEVELOPMENT

Application Checklist for Community Agency Practicum/Internship

NOTE - Practicum Students applying for Internship:
You only need to submit ONE application packet when applying for your internship; two packets are only required for your practicum application. Complete this three-page application document for your internship experience and include one copy of your unofficial transcript. You do not need another TB test, unless your site requires an additional test for the duration of your second semester. Please note…You must still meet with your advisor for course review and signature approval. You must also attend the mandatory P/I meeting the semester prior to your internship experience.

BEFORE TURNING IN YOUR APPLICATION
☐ Interview placement sites and obtain a commitment from the site. [See P-I Site Selection Process and Procedures Handbook found at two locations on GMU website:
http://gse.gmu.edu/programs/counseling/academics/med_counseling_comm_agency/
http://cehd.gmu.edu/teacher/intpract/applications_manuals_handbooks/]

☐ Make an appointment with your advisor to review your completed application. Take with you: Two Copies of Completed application, to be SIGNED by your advisor. This signifies student qualifies for placement and advisor approves of qualified site/supervisor.

APPLICATION MUST INCLUDE:
☐ Application Advisor’s signature required [middle of pg. 2 of this application packet].
☐ Unofficial Mason transcript. See Patriot Web: https://patriotweb.gmu.edu
☐ Negative TB test results

SUBMIT: Two (2) completed & collated application packets.
☐ Order of each of packet:
P/I application - Transcripts - TB test results
☐ Deliver to GMU Field Relations Support Specialist (Robinson A307-mailbox A308 office), by the deadline.

CHECK THE APPLICABLE DEADLINE: There are NO summer P/I placements.
NOTE: Applications turned in past the deadline will NOT be accepted. NO EXCEPTIONS.
☐ Spring Applications: By 5:00 pm on the last business day on or before November 1
☐ Fall Applications: By 5:00 pm on the last business day on or before March 15

AFTER TURNING IN YOUR APPLICATION
☐ MANDATORY MEETING P/I meeting will occur during the semester prior to each field experience. Check your GMU email for location, date, and time of meeting.
☐ Register for Practicum/Internship Register after the P/I meeting. At that meeting, you will meet with your instructor and be given your course section day/time/location information.
☐ Retain a copy of application packet and supporting documents for your records

I certify that I have included the items checked on this list. (Student Signature Required)

1 of 3
Application for:

Check one: ___ Practicum or ___ Internship  Year: _____  Check one: Fall ___  Spring ___

Name: ___________________________________________  Student G # __________________

Last  First  Middle Initial

Current Address: ____________________________________________________________
Street  City  State  Zip  GMU Email Address ________________________________

Current Phone: Day ____________________  Evening __________________________

1. I will purchase two current P/I Manuals from GMU Book Store; for GMU student and for On-Site Supervisor.
2. I will attend the mandatory P/I meeting the semester prior to each field experience. Date, time, and location will be sent to the student’s GMU email address.
3. I will regularly check my GMU email account.
4. I certify that I have completed all endorsement requirements and pre-requisites and will conduct myself in a professional manner at all times during my field experience. Should I withdraw or defer my application, I am also responsible for all fees incurred and for alerting my University Supervisor, Program Advisor, C&D Clinical Coordinator, and the GMU Field Relations Support Specialist via a written notification.

   I understand and will adhere to these policies.

Student Signature: ________________________________________________

   (Student Signature Required)

I certify that the student has completed all endorsement and other requirements to participate in this internship and meets the standards for a professional disposition.

ADVISOR Signature: ____________________________________________

   (ADVISOR Signature Required)

STUDENT – PLEASE COMPLETE:

On-Site Supervisor: ________________________________________________

Placement name: ________________________________________________

Street  City  State  Zip

Telephone No. ____________________  Email address: ____________________

Dates of field experience: ____________________
## C&D Program – Community Agency Counseling

52 Credits

### COURSE: CHECK ONE

- **PRACTICUM: 300 hrs.**
  - ___ EDCD 755 [3 credits]

- **INTERNSHIP: 300 hrs.**
  - ___ EDCD 791 [3 credits]

### PROFESSIONAL EDUCATION COURSES: Indicate courses completed [C] or currently enrolled [E]:

- ___ EDCD 525: Adv. Human Growth & Development
- ___ EDCD 601: Introduction to Research in Counseling
- ___ EDCD 602: Foundations of Counseling
- ___ EDCD 603: Counseling Theories and Practice
- ___ EDCD 604: Assess. & Appraisal in Counseling
- ___ EDCD 608: Group Processes and Analysis
- ___ EDCD 609 Adv. Counseling Skills and Strategies
- ___ EDCD 610: Career and Educational Counseling
- ___ EDCD 628: Counseling and Social Justice
- ___ EDCD 652 Intro. to Substance Abuse Counseling
- ___ EDCD 654 Counsel., Ethics, & Consult. in Agencies
- ___ EDCD 656 Diagnosis & Treatment Planning
- ___ EDCD 658 Couples and Family Counseling
- ___ EDCD 660: Multicultural Counseling
- ___ EDCD 755: Practicum in Counseling
- ___ EDCD 797: Special Topics/Electives __________
- ___ EDCD 797: Special Topics/Electives __________
- ___ EDCD 797: Special Topics/Electives __________
- ___ EDCD 797: Special Topics/Electives __________
- ___ EDCD 797: Special Topics/Electives __________
- ___ EDCD 797: Special Topics/Electives __________