

Northeastern Counseling Internship/Practicum Application

Thank you for considering Northeastern Counseling as part of your training and education experience. The purpose of this application is to identify interested individuals and the placement requirements that are specific to you. This application is for all disciplines and degrees including bachelor, graduate and nursing programs. Upon completion, please email the application to marshap@nccutah.org. We will contact you upon receiving the application and arrange a time to discuss your needs, available opportunities and to answer any questions you may have.

Date of application:

Name:

Mailing Address:

Phone:

Email:

DOB:

Reason for application, please select an option below:

- Bachelor Level Placement
- Substance Use Disorder Counselor
- Master Level (eligible to license as a therapist) Practicum/Internship
 - Foundation Placement or first year Placement
 - Second Year Clinical Placement
- Professional short-term observation experience e.g. nursing, etc.

Please Explain:

- Other:

Academic History and Current Enrollment

Institution	Attended Year	Major/Program	Degree
	To		
	To		
Current:	To		

Employment Information:

Current Employer	Position	Years of Service
Other employment in the past 5 years	Position	Years of Service

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References:

Please provide three references. One of the references needs to be professional or academic. Please note that by providing the references below it is assumed we have permission to contact the individuals as needed.

Reference Name	Type of reference	Phone Number

If you have had a previous Placement please identify:

Agency/Location	Name of Supervisor

Please note that all applicants must complete a criminal and child abuse/neglect background check through the State Department of Human services.

When we contact you, are there any concerns that you may need to discuss with us regarding the background check? No Yes

Are you currently in the Utah State University Master of Social Work program?

If yes, please disregard this section.

Please attach to this application the supervisor requirements for your placement as dictated by your educational program or provide a link to the specific web page containing the information. For example, does your program require: video or narrative session review, a specific license or discipline to provide the supervision, specialized training the Northeastern Counseling supervisor must complete for the placement to be approved, etc.

Separate file included with this email

Web page:

Are there special requirements for the placement hours? For example, a policy or research project, required group hours, client hours, required couple and family hours, etc.? Please attach requirements or explain below:

Separate file included with this email

Web page:

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Total number of placement hours required:

Which Northeastern Counseling Location are you applying for? Roosevelt Vernal

Desired start and end date of placement:

Proposed average number of hours per week:

Availability					
	Mon	Tue	Wed	Thu	Fri
All day	<input type="checkbox"/>				
8-12	<input type="checkbox"/>				
12-5	<input type="checkbox"/>				
After hours	<input type="checkbox"/>				

Additional comments about your availability if needed:

Please, list three specific things you're hoping to learn from a Northeastern Counseling Placement?

- 1.
- 2.
- 3.

Upon graduation and obtaining licensure as applicable, how do you plan on using your degree to serve the community?

Please print or save the completed application and send it to marshap@nccutah.org.