JACKSON STATE UNIVERSITY
Department of Counseling, Rehabilitation & Psychometric Services

PRACTICUM/INTERNSHIP APPLICATION

DUE DATE:
Thursday, March 31, 2016

**All students enrolling in practicum or internship for the first time during Fall 2016 must complete an application packet.
I. Deadline for Submitting Applications

The practicum/internship application packet should be completed and submitted to the practicum/internship coordinator one semester prior to the semester in which you plan to enroll into internship. ALL applications must have the signature of the student’s advisor before being submitted to the university practicum/internship coordinator, Dr. Johnson.

_The application deadlines are as follows:_

<table>
<thead>
<tr>
<th>Semester of Enrollment</th>
<th>Application Deadline</th>
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<tbody>
<tr>
<td>Fall Semester</td>
<td><strong>Thursday, March 31, 2016</strong></td>
</tr>
<tr>
<td>Spring Semester</td>
<td><strong>Monday, October 31, 2016</strong></td>
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</tbody>
</table>

II. Important Information

Your experience as an intern is a very important part of your degree program. It is anticipated that you will have the opportunity to utilize the skills you have developed in your degree program at your placement site. Assignments are made for agencies, schools or institutions of higher education (field sites). The student, advisor and the Practicum/Internship Coordinator work together from the beginning of the placement process in order to ensure that students are placed at the most appropriate field site possible. Selecting the most appropriate field site is vital if you are to benefit from your practicum/internship experience to the fullest. Therefore, it is very important that you begin to plan for your practicum/internship as early in your degree program as possible. Applicants for practicum/internship are asked to carefully read and follow the guidelines stipulated in this packet. Failure to do so may result in the student being denied the opportunity to enroll into practicum/internship for the particular semester requested.

All students enrolled in the master’s degree Clinical Mental Health Program must complete a 600 hour internship. Students enrolled in the masters School Counseling Program are also required to complete a 600 clock hour internship. The Department requires that Clinical
Mental Health Counseling and School Counseling students complete a total of 600 hours over the course of two (2) semesters. Students applying for practicum must complete a total of 100 hours over the course of one (1) semester.

III. **The Application Process/Procedure:**

The outlined application process/procedure must be followed by ALL students applying for practicum/internship. Applications are not complete without the signature of the students’ advisor. Students with incomplete applications or who have not completed the necessary prerequisites will not be approved for practicum/internship for the semester in which they are applying. **No practicum/internship site will be considered until the student’s application has been submitted.**

**Departmental Prerequisites**

The following is a list of prerequisites of the requirements for all students desiring to enroll in practicum/internship during both the Fall and Spring semester.

Before submitting the application, **the student must:**

1. Successfully complete or have been in consultation with practicum/internship instructor or advisor to complete the following courses:
   a. COUN 506 - *Introduction to Professional Counseling*
   b. COUN 510 - *Organization and Administration of Guidance* (School only)
   c. COUN 514 - *Analysis of the Individual*
   d. COUN 517 - *Lifestyles and Career Counseling*
   e. COUN 520 - *Principles and Techniques of Counseling*
   f. COUN 526 - *Dynamics of Group Process*
   g. COUN 571 - *Supervised Lab Experience*
   h. COUN 671 - *Adv. Supervised Lab Experience (prior to Internship)*
   i. COUN 631 - *Social and Cultural Foundations of Counseling or*
   j. COUN 561 - *Psychological Aspects of Human Development*
   k. COUN 691 - *Seminar in Counseling*
   l. COUN 504 - *Clinical Mental Health Counseling*
   m. COUN 658 - *Marriage and Family Counseling*
   n. COUN 611 - *Psychodiagnosis and Treatment*

2. Have a cumulative GPA of at least 3.0. Students with an incomplete (I) in any course will not be permitted to enroll in practicum/internship.

3. Have copies of approved Degree Plan and Application for Admission to Graduate Degree Candidacy on file within the Counseling Department.
4. Attach a copy of a complete transcript along with the practicum/internship application.

5. Provide a copy of the notification indicating you have successfully completed the English Competency Exam. (Students who fail this exam must take and pass English 500 at least one semester prior to being admitted into practicum/internship).

6. Provide a copy of your current resume along with the practicum/internship application.

7. Provide documentation of malpractice/liability insurance coverage (policy) for the period of internship. (Documentation of payment must be attached to the application).

8. Obtain the advisor’ signature before application is submitted to the Internship Coordinator. (It is the responsibility of the student to secure the advisor’s signature).

Guidelines

The following guidelines must be adhered to when applying for practicum/internship.

1. The decision for placement will be made by the practicum/internship coordinator. However, students will have input into their desired practicum/internship placement.

2. Students are not to contact potential field sites before receiving the approval of the practicum/internship coordinator.

3. Students will not be allowed to be supervised by relatives, friends, neighbors, current work supervisors or in any other situation which may be considered as a dual relationship or that constitutes conflicts of interest.

4. Students will be required to interview at the potential site before being assigned. Contact persons at the sites have the option of offering or declining to offer you a placement. You should approach each visit just as you would a job interview.

5. Students must begin and end their practicum/internship experience within the semester of enrollment. Any hours acquired before or after the semester will not be counted towards the 100/600 hours required for completion of the course.

6. As a part of the supervision process, students will be required to attend the Practicum/Internship Class at the designated time period during enrollment.

7. Students enrolling for internship will be limited to enroll in no more than nine (9) semester hours, which include the internship hours for that semester.

8. All students will be expected to adhere to the Code of Ethics and Standards of Practice of the American Counseling Association (ACA).
IV. Basic Information

1.1 Field placements are made during the Fall and Spring semesters. (No Summers)

1.2 Agencies, institutions and schools are providing a valuable service to our Department. They are not required to adjust their schedules to accommodate the student. Since sites with evening and weekend hours are limited, students are required to adjust their schedule to accommodate the hours available at the site.

1.3 Some sites require the student intern to have a clearance from the Department of Public Safety. In cases where this applies, students must secure this clearance before being assigned to the site.

1.4 Site or field placement will be within 50 miles of the University.

V. Other

Liability Insurance Coverage Application materials can be obtained from Healthcare Providers Service Organization or through the American Counseling Association. See contact information below:

Healthcare Providers Service Organization (HPSO)

www.hpso.com
1-800-982-9491 (phone)
1-800-739-8818 (fax)
service@hpso.com (e-mail)

Or

American Counseling Association

www.counseling.org

NOTE: Please submit the application on the following pages and all other requested documents to your advisor. Phone, mail or fax the Insurance Application to the appropriate addresses. Also, it is the responsibility of the student to secure the signature of the advisor and ensure that the application is submitted to the internship coordinator within the specified deadlines.
PRACTICUM/INTERNSHIP APPLICATION
(Please Type or Print Legibly)

Name_________________________________________ J#:__________________________________

Current Address: ______________________________ Apt. #:____________________

City: ______________________________ State: _______________ Zip Code: _________________

Home Phone #:____________________ Work Phone #:____________________

Semester of Practicum/Internship Fall: _____ Spring _____ Year: ________

Class: Practicum (COUN 671) Internship (COUN 578) Internship (COUN 678)

Degree Program: M.S. Ed. (School Counseling) M.S. (Clinical Mental Health Counseling
Specialist in Counseling

Anticipated Graduation Date: ________________________________

Employment Status: _______ Full-time _______ Part-time _______ Unemployed

Place of Employment: ______________________________________________________________________

Preferred Setting for Placement: ____________________________________________________________

Contact Name for Preferred Setting: ____________________________ Phone # _____________________

Please check the following statements that apply: (All statements must be checked before applications are approved).

________ I have attached a copy of the notification indicating I have passed English Competency Exam.

________ I have a cumulative GPA of 3.0 or above. (Transcript attached)

________ I have attached an approved copy of the Graduate Degree Plan.

________ I have attached an approved copy of the Application for Admission to Graduate Candidacy.

________ I have a copy of my current resume.

________ I have attached a copy of proof of purchase of Liability/Malpractice insurance.

________ I do not have an incomplete (I) for any grade while enrolled in this program.

     I have passed the following courses: (Please indicate if you are currently enrolled in the course)

     _____ COUN 504   _____ COUN 517   _____ COUN 561   _____ COUN 631   _____ COUN 691
     _____ COUN 506   _____ COUN 520   _____ COUN 571   _____ COUN 658   _____ COUN 510
     (school only)    _____ COUN 514   _____ COUN 526   _____ COUN 611   _____ COUN 671

Signature of Student ___________________________ Date ____________________

Signature of Advisor ___________________________ Date ____________________
Directions: Please respond to the following questions. Please provide any information you feel will be helpful in selecting the appropriate site for your clinical field experience.

1. Describe your personality and character:

2. Identify and discuss your major strengths and weaknesses. Describe your impact on major work-related activities:

3. Discuss any functional limitations or disabilities that you may have. Indicate how you will minimize their affects on the day-to-day activities at the site:

4. Other comments:

_________________________  ____________________________  
Signature of Student        Date

I certify that the information provided on this application is true and factual. I understand that any attempt to provide incorrect information will result in my application being denied or withheld. All incomplete applications will also be denied.

Revised: 3/2/16