



## School Counseling Internship Application for CCSD Affidavit of Understanding

School Counseling Internship placement in the Clark County School District is a privilege. Applicants are expected to follow all application procedures outlined below. Students who do not follow these application protocols *will not receive an internship placement for that semester. **There will be no exceptions made.***

Please initial each of the following statements of understanding and sign and date this form. You must also have a witness sign and date the form after you. **THIS FORM MUST BE ATTACHED TO YOUR INTERNSHIP APPLICATION EACH SEMESTER OR YOUR APPLICATION WILL BE DENIED.**

I understand and agree to the following:

- \_\_\_\_\_ I am **not** to contact school sites or counselors myself regarding an internship placement.  
 Initials
- \_\_\_\_\_ I am **not** to contact the CCSD Guidance Office or other CCSD officials to determine the status  
 Initials of my application. This includes no phone calls, no e-mails, or any other form of communication. I understand that I will be notified when my internship site is finalized.
- \_\_\_\_\_ I understand that CCSD makes all placement decisions and that at-risk schools are given  
 Initials preference for interns.
- \_\_\_\_\_ I understand that once I am assigned an internship site that I may **not** request to change that  
 Initials site until the next internship application is submitted. I understand that if I do not like the location of the school, that I may not request to move to another location.
- \_\_\_\_\_ I understand that I will only be placed at one school per semester and that my internship  
 Initials schedule will be coordinated with my on-site supervisor.
- \_\_\_\_\_ I understand that during summer, elementary schools are the only level available for  
 Initials internship. I also understand that summer internship placements are very limited and that I may be unable to be placed in internship during the summer.
- \_\_\_\_\_ I understand that fingerprinting is required in order to be placed in and internship in CCSD. I  
 Initials understand that the deadlines set for fingerprinting by CCSD are not negotiable and that I am responsible for meeting these deadlines.
- \_\_\_\_\_ I understand that my internship application is due by the deadlines established. I understand  
 Initials that **late internship applications will not be accepted.**
- \_\_\_\_\_ I understand that if I do not follow any of the above protocols that I will be denied an internship  
 Initials placement in CCSD for that semester – **no exceptions.**

\_\_\_\_\_  
 Applicant Printed Name                      Applicant Signature                      Date / /

WITNESSED BY:

\_\_\_\_\_  
 Witness Printed Name                      Witness Signature                      Date / /



## Department of Counselor Education

College of Education

4505 Maryland Parkway | Box 453066 | Las Vegas, NV 89154-3066

(702)895-5994

### Internship in School Counseling Application

*This application is due to the **School Counseling Program Coordinator** by **November 1st** for Spring semester placements and **April 1st** for Summer and Fall semester placements. A new request form must be completed for each semester you enroll in internship. Note: Students must obtain liability coverage from an approved professional organization (ACA, ASCA) prior to accruing internship hours.*

Request for:     Fall 20\_\_\_             Spring 20\_\_\_             Summer 20\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address (please print clearly): \_\_\_\_\_

Home address: \_\_\_\_\_

Major cross streets: \_\_\_\_\_

Phone: Cell ( ) \_\_\_ - \_\_\_    Home ( ) \_\_\_ - \_\_\_    Work ( ) \_\_\_ - \_\_\_

Bilingual?    No     Yes – Language(s): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

#### Placement Request

Expected Internship Dates: Begin \_\_\_/\_\_\_/\_\_\_    End \_\_\_/\_\_\_/\_\_\_

Number of internship hours for this placement: \_\_\_\_\_ hours

- Level:  Elementary  
 Middle School (not available in summer)  
 High School (not available in summer)

I understand that I am not to contact school sites or counselors myself regarding an internship placement and that I will be denied an internship placement by CCSD if I contact school sites or counselors on my own. I understand that I will be notified when my placement is finalized and that I am not to contact CCSD regarding the status of my internship request. I also understand that CCSD makes all placement decisions and that at-risk schools are given preference for interns. Furthermore, I understand that I may only be placed at one school per semester and that my internship schedule will be coordinated with my on-site supervisor.

I understand that CED 751 is a professional practice course. I am aware of and will abide by the Policy on Student Practicum and Internship Conduct found in the Graduate Student Handbook. I understand that I will be responsible for the ongoing care of clients at my site. I agree to abide by the standards of professional behavior and ethics expected of me as a practicing professional, including carrying my own liability insurance. I understand that I am obligated to provide care for clients throughout the entire semester of my internship and any absences or other circumstances affecting my participation and practice must be handled appropriately, in consultation with my site supervisor and the faculty. Failure to conduct myself professionally may result in my being dismissed from the program.

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

UNLV Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_