



Department of Counselor Education

College of Education

4505 Maryland Parkway | Box 453066 | Las Vegas, NV 89154-3066 (702)895-5994

Internship in Community Mental Health Counseling Application

This application is due to the Community Mental Health 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 (i.e. ACA) prior to accruing internship hours.

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

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

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

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

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

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

Internship Site(s) section with three numbered entries for site information, including interview status, selection status, and hours.

I understand that CED 751-753 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: \_\_/\_\_/\_\_\_\_