

Loyola University New Orleans
Application for Practicum/Internship

Name _____

Date _____

List of choices for possible Practicum/Internship site: *(in order of preference)*

1. _____

2. _____

3. _____

List semester and year (ex. Fall, 2016) for completion or plan of completion:

	Semester	Year
CNSL 702 Research and Statistical Methods in Counseling	_____	_____
CNSL 704 Research Writing Lab	_____	_____
CNSL 706 Philosophy and Counseling	_____	_____
CNSL 830 Counseling Theories	_____	_____
CNSL 835 Introduction to CMHC	_____	_____
CNSL 836 Individual Counseling Skills Lab	_____	_____
CNSL 864 Ethics	_____	_____
CNSL 840 Group Counseling	_____	_____
CNSL 843 Group Counseling Skills Lab	_____	_____
CNSL 855 Diagnostics in Counseling	_____	_____
CNSL 776 Clinical Assessment and Psychometrics	_____	_____
CNSL 863 Fundamentals of Practicum and Internship	_____	_____
CNSL 865 Practicum	_____	_____
CNSL 866 Internship I	_____	_____
CNSL 866 Internship II	_____	_____

Practicum/Internship Guidelines

1. All students must have professional liability coverage prior to their first counseling session during Practicum or Internship. Insurance is available at a reasonable cost through the American Counseling Association (ACA). More information may be obtained in the Department of Counseling.
2. Students must use the normal registration process to register for Practicum or Internship; placement in a particular section will be determined by registration priority. Once a section is filled, no more students will be allowed to register for that section.
3. Students are required to communicate with Dr. Ebrahim and the Clinical Coordinator throughout the process of finding a Practicum/Internship placement. Students must finalize their placement by the last day of finals the semester prior to beginning Practicum/Internship or they will be unable to begin Practicum/Internship.
4. Failure to receive a passing grade in Practicum or Internship would require review by the department’s Graduate Counseling Committee and would result in either a remediation plan or removal of the student from the program.

By signing this document below, I have confirmed that I have read and understand the guidelines above as well as the policies outlined in the Practicum and Internship Handbook and agree to follow them.

Student’s Signature _____

Date _____

Change of Clinical Site
New Clinical Site _____
New Site Supervisor _____
Clinical Coordinator Approval _____
Date _____