UNG CMHC Potential Internship Site Information

Name of Host Site: ____________________________ Date: ____________________
Contact Person for Master’s Level Interns: __________________________________________
Address: __________________________________________
City: __________________________ State: ________ Zip: __________
Telephone: __________________________ Fax: __________________________
Web Address: __________________________________________

Please Check Classification: [ ] School  [ ] College/University  [ ] Agency  [ ] Hospital  [ ] Private Practice

Services provided within this setting (check all that apply):
[ ] Children  [ ] Individual  [ ] Inpatient  [ ] Assessment
[ ] Adolescents  [ ] Family  [ ] Crisis/Emergency  [ ] Career Counseling
[ ] Adults  [ ] Couples  [ ] Substance Abuse
[ ] Geriatric  [ ] Group  [ ] Diagnosis
[ ] Other: __________________________

Responsibilities of Intern: __________________________________________

Supervisor Information (if more than one supervisor, list others on back of form):
Name: ____________________________ Type of Degree: ____________________________
Type of License: ____________________________ Years of Experience: ____________________________
License Number & State: __________________________________________
Years of Supervisor Experience: ____________________________ E-mail Address: ____________________________

Semester(s) in which Intern is preferred?  [ ] Summer  [ ] Fall  [ ] Spring
Length of Internship?  [ ] One Semester  [ ] Two Semesters  [ ] No Preference

Approximate number of intern positions available: Summer ________ Fall ________ Spring ________
Amount of Stipend (if available): __________________________________________
Any additional qualities/requirements of an intern as stipulated by host site: __________________________________________

Have you ever utilized a UNG Counseling Intern? __________________________________________

In order for our program to meet CACREP requirements, we need to know if the Intern will be able to meet the following requirements at your site:
[ ] Yes  [ ] No  300 clock hours of supervised experience during each internship semester
[ ] Yes  [ ] No  A minimum of 120 hours of that time in direct clinical service work with clients each semester
[ ] Yes  [ ] No  Video and/or audio-recording of intern work for student educational/evaluative purposes to be used by university supervisor on UNG campus and host supervisor on-site
[ ] Yes  [ ] No  Opportunity for intern to participate in all aspects of work a counselor performs at this site (e.g., individual, group, family sessions; intake and assessments; clinical meetings; paperwork; insurance paperwork)

Please return to: University of North Georgia
Department of Clinical Mental Health Counseling
CMHC Clinical Coordinator
82 College Circle
Dahlonega, GA 30597

If you need this document in another format, please email Shanta Ghimire at shanta.ghimire@ung.edu or call 706-867-2791