

OU CMHC

APPLICATION FOR NEW PRACTICUM/INTERNSHIP SITE APPROVAL

LINDA BARNUM, Ph.D., LPC-S, NCC

CATHY YEAMAN, MHR

| nical Director ilto:CMHCintern@ou.edu | Tulsa Campus Contact las@ou.edu | Program Contact cyeaman@ou.edu |
|--|----------------------------------|--|
| | | |
| NAME OF AGENCY: | | |
| ADDRESS: | | |
| CITY/STATE/ZIP: | | |
| CONTACT PERSON: | | |
| | NUMBER AND E-MAIL: | |
| | | - |
| ALTERNATE PHONE | NUMBER AND E-MAIL: | |
| | | |
| LICENSED ON-SITE PROFESS | SIONAL: | |
| LICENSE TYPE AND NUMBE | R: | |
| PHONE NUMBER A | ND E-MAIL: | |
| TYPES OF SERVICES PROVID | DED AT THE AGENCY: | |
| | | |
| | | |

| DUTIES OF PRACTICUM STUDENTS/INTERNS: |
|---|
| PLEASE LIST COUNSELING DUIES THAT WILL BE PERFORMED BY THE INTERN |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| DATES AVAILABLE FOR PRACTICUM/INTERNSHIP |
| PLEASE NOTE THE DATES PROVIDED BY OUR DEPARTMENT FOR EACH SEMESTER BELOW |
| |
| SEMESTER: ☐ FA ☐ SP ☐ SU YEAR(S): |
| |
| WILL YOU ALLOW FULL SEMESTER STUDENT COUNSELING? YES NO |
| DO YOU PREFER THE STUDENT LEARNER FOR TWO OR MORE CONSECUTIVE SEMESTERS? YES NO |
| |
| NUMBER OF PRACTICUM STUDENTS/INTERNS PREFERRED EACH SEMESTER: |
| NUMBER OF PRACTICUM STUDENTS/INTERNS PREFERRED EACH ACADEMIC YEAR: |
| |
| |
| |
| OTHER INFORMATION: |
| |
| |
| |
| |
| |
| |