

# The University of Memphis

## DEPARTMENT OF COUNSELING, EDUCATIONAL PSYCHOLOGY AND RESEARCH

### INTENT TO TAKE PRACTICUM/INTERNSHIP FORM Clinical Mental Health

*\*Please note: you must do one of these forms for each semester that you are applying (e.g., one for Summer and one for Fall). Please do not use the same form for more than 1 semester. Additionally, this form must be completed in its entirety.\**

Semester in which you are  
applying (PICK JUST ONE):

Course you are applying to (PICK JUST ONE):

SPRING \_\_\_\_\_  
SUMMER \_\_\_\_\_  
FALL \_\_\_\_\_

COUN 7631 (3 HOURS- PRACTICUM) \_\_\_\_\_  
COUN 7632 (5 HOURS- PART-TIME INTERNSHIP) \_\_\_\_\_  
COUN 7632 (9 HOURS- FULL-TIME INTERNSHIP) \_\_\_\_\_

Print Name (First and Last): \_\_\_\_\_

UUID: \_\_\_\_\_ Best phone number to reach you: \_\_\_\_\_

Street Address (with city, state, and zip code): \_\_\_\_\_

Your Memphis E-mail (how we will be reaching out to you): \_\_\_\_\_@memphis.edu

Please initial next to the following statements acknowledging that you have read and understood them:

\_\_\_\_\_ I understand that this form must be completely filled out before I turn it in and if it is not, it may delay my ability to take practicum and/or internship for the intended semester in which I am filling out this form.

\_\_\_\_\_ I understand that **I must have my placement secured by the following date(s)** depending on the semester I am enrolling in: **Summer internship: May 15<sup>th</sup>; Fall practicum or internship: July 31<sup>st</sup>; Spring internship: December 15<sup>th</sup>**. I understand that failure to have a placement secured by these dates may mean I have to postpone taking practicum and/or internship.

\_\_\_\_\_ I understand that I must do the following after securing my site (and BEFORE) I can start at my site: attend a practicum/internship orientation, supply the Practicum/Internship Coordinator my site supervisor's information, turn in a copy of my current liability insurance, and create a site agreement with my site supervisor. Failure to attend orientation and/or turn in this information can delay my start date at my site and/or result in not being able to take practicum/internship that semester.

\_\_\_\_\_ If needed, the P/I coordinator can speak to a site on my behalf (e.g., to confirm if taking a course, etc.).

What is your preferred site? \_\_\_\_\_

Have you reached out to them? \_\_\_\_\_

If yes, is the site secured already? \_\_\_\_\_

If not, when do you plan on reaching out to them? \_\_\_\_\_

If you do not have a site secured, do you have a second choice site in mind? If so, please list it here. If not, please just write N/A.

### COURSE COMPLETION CHECKLIST:

In the blank spaces beside each course, indicate the grade received. If you are currently enrolled in one of the courses, note IP. Must pass all required classes with B or above.

_____ COUN 7411- Foundations of Counseling – Required	_____ COUN 7750- Multicultural Counseling
_____ COUN 7531- Group Counseling Processes- Required	_____ COUN 7885- Ethics- Currently Recommended
_____ COUN 7541- Theories of Counseling and Personality- Required	_____ CPSY 7700- Interventions- Mental Disorders- Currently Recommended for Practicum and Required for Internship
_____ COUN 7551- Assessment Techniques	_____ COUN 7730- Crisis Counseling- Currently Recommended
_____ COUN 7571- Clinical Techniques- Required	_____ EDPR 7117- Life-Span Human Development
_____ COUN 7630- Clinical Mental Health (DSM)- Required	_____ EDPR 7521- Introduction to Educational Research
_____ COUN 7561- Career Counseling	*If you are going to an addiction setting, they <i>may</i> require you to have taken an addiction course.*

Have you applied for liability insurance? \_\_\_\_\_ If so, when does it expire? \_\_\_\_\_

Do you currently work at the site(s) listed above? \_\_\_\_\_ If so, in what capacity? \_\_\_\_\_

Are you employed? If so, what hours/days do you work? \_\_\_\_\_

Have you read the program's Practicum and Internship Manual? \_\_\_\_\_

If sites want to know what courses you have completed, may I tell them (will not disclose grades)? \_\_\_\_\_

Please sign below (and do not forget that your signature means you understand the deadlines above):

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*DUE TO DR. DEMPSEY ( [MCWLLAMS@MEMPHIS.EDU](mailto:MCWLLAMS@MEMPHIS.EDU) ) BY: FEBRUARY 15<sup>TH</sup> (FOR SUMMER AND FALL APPLICATIONS) AND BY SEPTEMBER 15<sup>TH</sup> FOR SPRING APPLICATIONS\*\***