APPENDIX VIII

CLINICAL INTERNSHIP AGENCY OPENING FORM

Official Name of Agency: ___________________________________________
Department (if applicable):_______________________________________
Address: ___________________________________________________
City, State, Zip: ______________________________________________
Phone #:____________________________________________________

Name and Title of Agency Internship Coordinator or Contact Person:
____________________________________________________________________________
____________________________________________________________________________
E-Mail address of Above Person: __________________________________________________

Please describe your agency’s area of specialization or area(s) in which interns would be most
involved, e.g. aging; outpatient mental health; child welfare:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Hours and Days of Agency Operation:
____________________________________________________________________________
____________________________________________________________________________

Agency’s Primary Function and Program Objectives:
____________________________________________________________________________
____________________________________________________________________________

Brief Description of Intern Learning Assignments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Are there persons licensed to provide mental health counseling available to supervise intern (e.g.
psychiatrist, psychologist, social worker, mental health counselor)? ______

Is the student allowed to audio/video tape sessions with client’s written permission? ______

Name & Title of Person Who Completed this Form: ______________________________
Date Form Completed: __________________________________________

*Clinical Internship need not have any pastoral component and may be entirely secular in
orientation.