

**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.