



APPLICATION FOR INTERNSHIP
COUNSELOR EDUCATION: CLED 672

_____ **SCHOOL COUNSELING TRACK OR** _____ **COLLEGE COUNSELING AND STUDENT DEVELOPMENT TRACK (CHECK ONE)**

APPLICATION MUST BE ACCOMPANIED BY YOUR RESUME, UNOFFICIAL TRANSCRIPTS, AND (SCHOOL COUNSELING APPLICANTS) UP TO DATE TUBERCULOSIS SKIN TEST RESULTS

NAME: _____ V NUMBER _____
(LAST) (FIRST) (MIDDLE) (Do not indicate your SSN#)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

DAYTIME TELEPHONE: _____ HOME TELEPHONE: _____

E-MAIL: _____ CUMULATIVE GPA: _____

SEMESTER FOR PLACEMENT: FALL _____ SPRING _____ YEAR: _____

IF YOU ARE DIVIDING INTERNSHIP OVER TWO SEMESTERS, PLEASE SUBMIT AN APPLICATION FOR EACH SEMESTER

WHERE DID YOU COMPLETE PRACTICUM? GRADE LEVEL (IF APPLICABLE): _____

SCHOOL NAME OR UNIVERSITY OFFICE _____

SCHOOL DIVISION (COUNTY/CITY) OR UNIVERSITY NAME _____

CIRCLE 3 CREDIT OR 6 CREDIT INTERNSHIP

REQUESTED INTERNSHIP (600 HRS) *SCHOOL DIVISION (SC)* (CHESTERFIELD, HANOVER, HENRICO, OR RICHMOND) OR *POSTSECONDARY UNIVERSITY/OFFICE (CCSD)* _____ (LOCATION NOT GUARANTEED)

CHECK REQUIRED LEVEL(SC): _____ ELEMENTARY OR _____ SECONDARY

IF SECONDARY (SC), RANK _____ MIDDLE AND _____ HIGH (NOT GUARANTEED)

IS THIS AN ON-THE-JOB PLACEMENT REQUEST? _____ YES SCHOOL/SITE NAME _____

SPECIAL REQUEST _____ (CHECK – ONLY IF YOU DO NOT HAVE A CAR) _____

Notification of school internship placements will be made by e-mail once received in SOE Student Services. Once your placement has been finalized by the school division and you have been notified, assignments cannot be changed as school divisions arrange only one placement per application. Most placements for the Fall semester are secured by the end of July and most placements for the spring semester are secured by mid-December.

Eligibility for licensure as a Professional School Counselor in Virginia requires that candidates respond to the following questions (Circle Yes or No):

1. Have you ever been convicted of a felony in the U.S. (or territories) or found guilty of a criminal offense in another country? **Yes** **No**
2. Have you ever been found guilty of a misdemeanor involving children or drugs (*not alcohol*)? **Yes** **No**
3. Have you ever had a teaching certification or license denied, revoked, canceled or suspended? **Yes** **No**
4. Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency? **Yes** **No**
5. Have you ever left any education or school related employment, voluntarily or involuntarily, while the subject of an investigation, inquiry, or review of alleged misconduct or when you had reason to believe an investigation of alleged misconduct was under way or imminent? **Yes** **No**
6. To your knowledge, are you currently the subject of any investigation, inquiry, or review of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil services, or other education-related license or certificate? **Yes** **No**

If you respond affirmatively to any of these questions, make an appointment immediately with your advisor or Dr. Dockery, Director of Clinical Practice.

Permission to release confidential information (School Counseling Students only):

I, _____ (print full name), am aware of and agree to the forwarding of my application, resume, transcripts, TB results, and background check payment (if applicable) for the purpose of securing an counselor education internship placement(s) in a school(s) in one or more of the following school division(s): **Henrico, Chesterfield, Hanover or Richmond**. I understand that I may also be required to sign a confidentiality agreement for one or more school divisions.

Student's Signature _____ **Date** _____

(ADVISOR'S SIGNATURE)

(DATE)

DO NOT WRITE BELOW THIS LINE - APPROVED SCHOOL DIVISION/POSTSECONDARY OFFICE USE ONLY

SITE SUPERVISOR/COUNSELOR

DATE

PRINCIPAL/DIRECTOR/DEAN

DATE

Return to: **ATTN: DR. DONNA DOCKERY**
 Physical Office: 4043G Oliver Hall
 Mailbox: 4064C Oliver Hall

VIA U.S. MAIL: **VCU School of Education**
 Counseling and Special Education
 P.O. Box 842020
 Richmond, Virginia 23284-2020