



MISSISSIPPI STATE UNIVERSITY™
DEPARTMENT OF COUNSELING, EDUCATIONAL
PSYCHOLOGY AND FOUNDATIONS

INTERNSHIP APPLICATION

Name: _____ Date: _____

Fall Spring Summer Year _____

_____ New Application _____ Master's _____ Clinical Mental Health

_____ Amended Application _____ EdS _____ Rehabilitation

_____ School (Licensed Educator)

_____ School (Academic Year Long)

Note: Academic Advisor's approval and signature must be obtained after you have your on-site supervisor's signature. **BOTH** signatures must be on the application as well as a **FULL** mailing address to your site supervisor. Do not begin collecting hours until application is approved. **INCOMPLETE APPLICATIONS WILL NOT ALLOW COURSE REGISTRATION.**

MSU Net ID _____ MSU (9 digit) ID _____

Address: _____

City, State, Zip: _____

Home Telephone: () _____ Office Telephone: () _____

MSU E-mail Address: _____

Specific Dates of Collection of the Internship Hours: (Specific dates must be completed)

Beginning _____ (m/d/y) Ending _____ (m/d/y)

List the term you will register for the course: _____

Please list liability insurance information below.

Name of Company _____

Coverage Dates _____

Application Deadlines: July 1st – Fall November 1st – Spring May 1st – Summer

Please attach proof of liability insurance, copy of educator's license (if applicable), and supervisor's resume.

The following courses must be completed before applying for Internship. List the semester completed and the grade for each of the following courses:

Semester/Year	Grade
COE 8013 - Counseling Skills _____	_____
COE 8023 - Counseling Theory _____	_____
COE 8043 - Group Tech. & Procedures _____	_____
COE 8633 - Psycho-social Rehabilitation * _____	_____
EPY 8263 - Psychological Testing * _____	_____
COE 8053 or 8150 – Practicum**	

*Only required for Clinical Mental Health students.
** You may apply while you are taking the practicum class but all practicum requirements must be completed before the internship begins.

Appropriate Specialty Area Course: (This course may be taken within the same semester as Practicum – except for COE 8903, which must be taken prior to practicum.)

COE 8703 - Clinical Mental Health _____

COE 8353 - Voc. Rehab Counseling _____

COE 8903 - School Counseling _____

Site Information

(This must be a *complete mailing address* that is legible, if not your application will be voided)

Name of Site: _____

Address: _____

City, State, Zip: _____

Telephone Number: () _____

Site is within a 50-mile radius of Mississippi State University: _____ Yes _____ No
*If “No,” you need to complete and submit an “Outside 50 Mile Radius Form”

Site Supervisor Information

Site Supervisor: _____ Title: _____

Address (if different): _____

City, State, Zip: _____

Telephone Number: () _____ E-Mail: _____

Supervisor's Graduate Degrees(s): _____

Please list degree and discipline

Supervisor's Credentials: Number of Years of Relevant Post Master's Experience _____

Standard Educator License (Guidance) _____ CRC _____ NCC _____

CCMHC _____ LPC _____ Other _____

Note: All supervisors must have a minimum of two years post-Master's experience. Licensed School Counselors are required for School Counseling Supervisors; Certified Rehabilitation Counselors are preferred for Rehabilitation Counseling Supervisors; Licensed Professional Counselors are preferred for Mental Health Counseling Supervisors

On-Site Supervisor Signature

Date

For Advisor:

Student will enroll in:

COE 8730, Section _____
_____ 300 hours for 3 credits
_____ 600 hours for 6 credits

COE 8740, Section _____
_____ 300 hours for 3 credits
_____ 600 hours for 6 credits

COE 8750 (EdS Students), Section _____
_____ 300 hours for 3 credits
_____ 600 hours for 6 credits

Academic Advisor's Signature

Date

Note: Placement may begin only after the coordinator and your academic advisor have signed the application. Total hours must be completed before the term ends in which you register for the course. Students must submit documentation of liability insurance prior to application approval.

For questions or further information, contact the Counseling Clinical Coordinator:

Starkville Campus - (662) 325-3426

Meridian Campus – (601) 484-0185

Please Return **Completed** Application to:

Starkville Campus – Counseling Clinical Coordinator 508 Allen Hall Mississippi State, MS 39762 (662) 325-3263 (FAX)	Meridian Campus- Counseling Clinical Coordinator Division of Education, Counselor Education 1000 Hwy 19 North, Meridian, MS 39307 (601) 484-0280 (FAX)
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Coordinator's Signature _____

Date

Approved _____ **Denied** _____

Reason for Denial: _____