

5. That the campus internship supervisor is responsible for the assignment of a field work grade based, in part, on the recommendation of the internship site supervisor.

The Internship Site agrees:

1. To assign an internship site supervisor who has appropriate credentials, experience, time, and interest for training the student intern;
2. To provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance.
3. To provide the student with adequate work space, telephone, office supplies, and staff to conduct professional activities.
4. To provide supervisory contact which involves examination of student work using audio/visual tapes, observation, and/or live supervision.
5. To provide a written evaluation of student based on criteria established by Western.

_____ will be the primary internship site supervisor. Training
Site Supervisor
activities will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity.

_____ will be the faculty liaison with whom the student and
Campus Internship Supervisor
On-site Supervisor will communicate regarding progress, problems, and performance.

The **intern** will spend _____ hours per week at the Internship site. At least 40 percent of the hours spent will involve direct client contact. The intern will participate in at least one hour per week of face-to-face, individual supervision with the on-site supervisor(s) indicated on this form. The intern will meet weekly for at least 1 1/2 hours of group supervision on campus. This supervision time requirement may increase if the student is participating in an intensified internship. The intern will also meet with the Campus Internship Supervisor as required by the graduate program in which the student is enrolled.

The **intern** will complete forms #1-4 as a means of accounting for hours spent in counseling, supervision, training and other professional activities. These forms will be signed off each semester by the on-site supervisor.

The **intern** will obtain malpractice liability insurance, and will be informed about personal injury liability provided by the agency/school site. In addition, the intern will complete and turn in the Student Insurance form (or supply a copy of the insurance cover sheet) to the Campus Internship Supervisor.



WESTERN SEMINARY

5511 SE Hawthorne Blvd.
Portland, OR 97215
(503) 517-1800

Authorization to Release Information Regarding Practicum/Internship

I, _____, hereby authorize
Name of Student

the Counseling Department Faculty of Western Seminary, 5511 SE Hawthorne Blvd., Portland, Oregon 97215, (503) 517-1800, to mutually share with

Name, Title, Business Name, Address, and Phone Number

any and all information pertaining to the above-named student, for purposes of internship oversight, evaluation, and coordination. I have been informed and fully understand that this personal information may be in written, oral, or report form.

I fully understand that by signing this form I hereby waive or give up all rights of confidentiality to those above-named and their supervisors. I further understand this communication may include, but not be limited to academic, drug, alcohol, mental health, medical, legal, financial, insurance, or HIV-related information. Unauthorized redisclosure by recipient is a potential risk.

This release/waiver may be revoked in writing at any time, except to the extent that disclosure has already been made in good faith reliance on this release. I understand that I have the right to refuse to sign this authorization. This release/waiver is effective for duration of the student's contracted internship with this site.

Dated this ___ day of _____, ____.

Signed: _____

Date of Birth: _____

Student Identification Number: _____

Confirmation of Pre-requisites for Practicum

This form must be attached to the Internship Agreement form for CNS 530.
Please check the appropriate boxes below.

Course Name	Course completed	Registered concurrent to case conference
CNS 501 Clinical Foundations	<input type="checkbox"/>	<input type="checkbox"/>
CNS 557 Suicide Prevention	<input type="checkbox"/>	<input type="checkbox"/>
CNS 504 Psychotherapeutic Systems	<input type="checkbox"/>	<input type="checkbox"/>
CNS 505 Psychopathology	<input type="checkbox"/>	<input type="checkbox"/>
CNS 506 Legal & Ethical Issues	<input type="checkbox"/>	<input type="checkbox"/>

I hereby affirm the above information to be true. Further, I understand that if I drop any of the above courses, I may be subject to dismissal from practicum and case conference.

Date: _____

Signature

Printed Name