



**Department of Behavioral & Social Sciences**

**Professional Counseling Degree Program**

**COUNSELING 6500 ~ PROFESSIONAL INTERNSHIP**

***Application Agreement***

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**(Student Name)**

**In pursuit of**

**Master of Arts in Counseling**

The internship can be paid but must be according to the following: 1. Logged hours for the internship must be new experiences for the student intern, i.e., a student cannot use her daily job to complete hours for internship, as the definition of internship is that it is a mentored experience in which the student is developing NEW skills and habits. If she wants to complete her internship hours at her place of employment, she will have to document that her internship hours are separate from the hours that she works for her paycheck; if she works 9-5, M-F, she will have to log that she completed her internship after 5p and or before 9a. School counseling interns like to take this route but they and their supervisor have to agree that the intern will only complete hours during her off hours from teaching, i.e., before school starts, after school starts, and on her breaks.

2. in most states and instances, “interns” and students cannot accept pay for services. Therefore, if an intern is paid, it must be clear/documented that the pay is not for counseling services rendered.

3. Labor laws are different per state. If a paid internship is arranged, it is the student’s responsibility to understand fair practice according to the labor laws in your state.

“Site supervisor” herein refers to the licensed mental health worker who is conducting the weekly supervision (observation, evaluation, and documentation) with the student and reporting to the university instructor.

“University Instructor” herein refers to the instructor of record for the COUN 6500 Internship course.

“Intern” herein refers to the student enrolled in the COUN 6500 course and participating in the internship activities.

## General Information and Procedures

- The student is responsible for correctly handling this document.
- Appendix B, *Student Internship Proposal*, must be filled out completely and returned to the Counseling Program Coordinator or Counseling Advisor at least **one term prior to the one in which the Internship** is to take place unless otherwise notified by the counseling program coordinator or counseling advisor.
- All internship students are required to carry professional liability insurance (PLI) . Professional liability insurance can be purchased through Healthcare Provider Services Organization ([www.hpsso.com](http://www.hpsso.com)) and other private insurance carriers. Also, student membership in the American Counseling Association ([www.counseling.org](http://www.counseling.org)) includes PLI.
- *Proof* of PLI is required *previous* to counseling clients associated with the internship experience.
- Some field experience sites require proof of University insurance in addition to student insurance. If the site requires this, contact your counseling program coordinator or fax the *Request for Insurance* form, found on page 11 of this document, to the home campus in Webster Groves, MO.
- Students are required to know and abide by the American Counseling Association *Code of Ethics* (2005) while participating in the counseling degree program with Webster University.
- Students are required to read this Agreement in total and abide by the contents.
- Students will use required consent forms (see instructor) with all clients and file copies of the consent forms with the internship instructor, except in cases of internship sites wherein students are counseling minors and the consent forms remain with the client's school counselor.
  - Note that even in cases wherein students are completing internship experiences with schools (minor clients), consent forms must be on file with the school previous to the internship student counseling the client, i.e., client parent or guardian must have provided consent for the student to counsel the minor.
  - Forms will be submitted in the required timeframe.
- The internship is a capstone clinical field experience in which the student provides 600 (900 if pursuing licensure in FL) total hours of services related to the overall internship experience; 240 (360 if pursuing licensure in FL) hours of the 600 total hours are to be direct client service, e.g., face to face counseling services with individuals, couples, families, children, and or groups. The internship is begun after successful completion of the Practicum (COUN 6000). The internship is intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area (clinical or school). Each student's internship includes:
  - Internship students are required to attend a minimum of 90 minutes per week of group supervision on campus with the internship instructor and other interns
  - a minimum of 50-60 minutes of individual or triadic supervision per week with the site supervisor
  - the opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).
- The internship experience is required to be supervised by a licensed professional counselor (LPC); licensed mental health counselor (LMHC); licensed clinical professional counselor (LCPC); certified school counselor (for school guidance and counseling emphasis registered students only); licensed psychiatrist; or licensed psychologist.
  - Check individual states licensing boards if use of a licensed clinical social worker (LCSW) or licensed marriage and family therapist (LMFT) is preferred as the approved clinical supervisor for the field experience component of the educational requirements toward licensure in your

state.

- The site supervisor is required to retain appropriate and related credentials approved by the state licensure board and *provide copies of those credentials (licensure and or certification) with this packet, i.e., previous to beginning the internship experience.*
- The internship experience may NOT be the student's ordinary employment but may be at the same setting.
- Supervision attendance is a requirement. Absences from group supervision or individual supervision will result in an arrest of all clinical counseling sessions by the student until the student receives supervision for that week. In other words, if a student is absent from group or individual supervision, they must cancel counseling sessions until they have attended group or individual supervision for the week. This will slow the accumulation of clinical hours.
- Some campuses utilize the "Course Completion Record." See your internship instructor for more information and requirements regarding such.
- Any disregard for any component of this Agreement may lead to dismissal from the field experience and from the counseling degree program with Webster.

***Participation in a clinical field experience requires a professional and personal commitment on the part of the student. Webster University faculty and staff commit to the highest standards in counselor education training and supervision. The student must commit to complete the internship in the registered terms. Grades of Incomplete will not be provided. Students who do not complete the hours within the registered terms may be required to register for additional terms of internship and to participate fully in that internship (complete all course projects) until the hours are completed.***

#### Organizing your Internship Experience

- It is the student's responsibility to secure an Internship site.
- It is recommended that counseling students begin exploring desired internship sites approximately 6-9 months previous to beginning the internship course (COUN 6500).
- After preliminary contacts by the student have narrowed the list of possible internship sites, the student will arrange interviews with the site supervisors at those sites with which the student has interests and the university has approved.
  - In this interview, the student will provide this *Internship Agreement* for review with the site supervisor and provide one copy to the site supervisor.
- Student will also provide one copy of resume to the site supervisor
- Providing the student and the Internship site supervisor agreed upon the specifics of this *Internship Agreement*, the student must submit copies of the signed *Internship Agreement* to the COUN 6500 instructor prior to the first class meeting. (NOTE: This Internship Agreement will not be accepted without the signatures of the student and the Internship site supervisor.)

## Roles and Responsibilities of the Counseling Degree Program/Faculty Supervisor

1. Webster University faculty and staff commit to the **highest standards** in counselor education training and supervision. The training internship experience is aligned with professional standards and *ACA Code of Ethics* (2005).
2. Internship (COUN 6500) is provided in 2 terms of 3 credit hours each or 4 terms of 1.5 credit hours each. Pursuing internship in 2 terms of 3 credit hours each equates to a full time job or about 37.5 hours of internship hours that have to be documented each week for all of the 2 terms. Pursuing the internship in 4 terms of 1.5 credit hours each equates to a part time job or about 15-18 hours of internship hours that have to be documented each week for all of the 4 terms. It is strongly recommended that students pursue the internship in 4 terms of 1.5 credit hours each. A personal and professional commitment to the program has to be made to be successful in the internship.
3. Grades of **Incomplete will not be provided** for field experience. Student interns who do not complete the 600/240 hours within the registered terms will be required to register for an additional term of internship and participate fully in that course until the total hours are completed.
4. **Evaluations** are a required component to the internship. The COUN 6500 instructor will provide blank copies of the Professional Skills Evaluation form (See Appendix E) to be reviewed by the site supervisor at the beginning of the term; and written completion of the evaluation at the midterm for immediate submission/return and at the end term for immediate submission/return as due process for the student. The instructor will also provide blank copies of any other evaluations to be used within the internship experience at the beginning of the term and completed copies to the student at the end of the term at the student's request.
5. The course instructor is required to **contact the site supervisor regularly** (at least 3 times during each 9 week term) to attain updated supervisory comments/notes on each intern's skill development and document such notes for each intern.
6. All site supervisors must participate in an orientation to the Webster counseling degree program via a site visit by the counseling program coordinator or designee; or via a **site supervisor orientation at the Webster campus**. The latter form of orientation is provided at the Webster University campus to all supervisors and delineates the counseling degree field experience requirements. The counseling program coordinator will coordinate the format for site supervisor orientation each year.
7. Webster University *may* provide **professional development for site supervisors** in the form of the supervisor orientation and, potentially, other meetings.
8. **Instructors serving as individual or group internship supervisors** are required to have a doctoral degree in counseling or related field (psychology and clinical social work; marriage and family therapy in some states; school counseling certificate in FL only and when instructing the school counseling field experience only); and/or appropriate counselor education and supervision preparation, relevant experience and appropriate credentials/licensure in counseling, and training and experience in clinical supervision.
9. The university counseling program coordinator or designee or course instructor will **approve students** for placement in the internship setting and review and approve this *Professional Internship Agreement* and the *Student Internship Proposal* (Appendix B) for the designated term.
10. The instructor agrees to provide a **minimum of 90 minutes of group supervision per week** during the internship. The internship is intended as a capstone experience providing the opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings).
11. Internship instructors agree to **integrate site supervisor's comments** regarding interns' skills into the 90 minutes of group supervision. Certain aspects of confidentiality should be treated accordingly.
12. The instructor agrees to provide **consent forms** (See Appendix H) and instruction on such for the internship;

and collaborate with field experience site supervisors regarding the use of consent forms.

13. The instructor agrees to **review training on crisis** counseling including assessing for suicide, harm to self or others, and duty to warn early in the internship.
14. The instructor agrees to **provide contact numbers** to student interns in case of client emergency.
15. The instructor agrees to **review safety** in the counseling session.
16. The instructor agrees to **review the importance of self-care** strategies while participating in a clinical experience.
17. The instructor agrees to **review training on mandatory reporting** of abuse and neglect situations.
18. The instructor agrees to **pursue CEUs in clinical supervision**.
19. The instructor agrees to **practice according to ACA Code of Ethics** and oversee adherence to the *Code* by interns.
20. The instructor agrees to **review termination** of client.
21. The instructor agrees to inform each intern as to his/her **right to terminate supervision** with due notice. Student interns and instructors are advised to work out personal differences before moving to termination of relationship as termination may lead to dismissal for the student and or the instructor and may lead to extra terms in field experience for the student intern.
22. The instructor agrees to **provide additional supervision** (1-3 sessions) for interns experiencing difficulty in development of counseling skills, interpersonal skills, openness to supervision, and or other skills related on the *Professional Skills Evaluation form* (Appendix E).
23. The instructor agrees to provide **personal contact information** to the practicum student and site supervisor for occasions when the student or supervisor may need immediate consultation.
24. The instructor agrees to **assign grades** after consultation with the on-site Supervisor.

*Overall, the Webster counseling degree program and faculty supervisor (instructor) are responsible for orienting the site supervisor to the Webster counseling degree program training program, observing and evaluating each student's skills development, training the student on necessary skills development, documenting evaluations, communicating regularly with the site supervisor, surveying the site supervisor and site, practicing according to the ACA Code of Ethics, and developing and maintaining relationships with area field experience sites.*

## **Roles and Responsibilities of the Counseling Student Intern**

The student is required to:

1. **Have completed** six of the core courses (two of which must be Coun 5800, Professional Orientation and Ethical Practice; and Coun 5020, Foundations of Counseling) and COUN 6000 before registering for internship.
2. **Meet or talk with** a counseling program coordinator in order to get permission to register for the internship and to discuss possible sites.
3. **Use counseling and interpersonal skills** when interacting with peers, faculty, and site supervisors, as well as clients while pursuing clinical field experience hours.
4. **Turn in** the *Student Acknowledgement* (Appendix C) to your Faculty Supervisor/Instructor of COUN 6500 on the first night of class.
5. **Provide** the *Site Supervisor Agreement to Supervise* (Appendix D) and this *Agreement* for your site supervisor's signature and turn into the COUN 6500 instructor at the designated date.
6. **Abide by the rules** and procedures as practiced at the internship site unless those practices constitute unethical practice. Should the student suspect the latter, student is to immediately contact the internship instructor for further professional guidance.
7. **Commit** to pursue the 600/240 hours within the registered terms. Grades of Incomplete will not be provided. Student interns who do not complete the hours within the registered terms may be required to register for additional internship sections and participate fully in that course until the internship hours are completed.
8. **Complete and sign** this *Professional Internship Agreement*, the *Student Internship Proposal* (APPENDIX B); and the *Student Acknowledgement* and return all three forms to the counseling program coordinator or designee. One copy of all of this will be placed in your permanent file.
9. **Review** the *Evaluation of On Site Supervisor and Site by Student* (Appendix F) to be familiar with those aspects on which you will evaluate the supervisor and program.
10. **Complete** the *Weekly Clinical Hours Log* (Appendix G) and provide weekly to the site supervisor for signature. Retain all logs now and beyond graduation for licensure requirements. Instructor may require a copy, yet, maintaining one copy or the original is your responsibility.
11. **Alert the course instructor** to any interpersonal difficulties with site supervisors as soon as they arise. Understand that it is the student's responsibility to maintain good interpersonal skills and relationships with the site supervisor and those on site.
12. **Meet with on-site supervisor** for a minimum of 50-60 minutes per week. Check with your counseling program coordinator as some states require the supervisor meet with a student intern for a minimum of one hour for each ten clock-hours. These hours may be individual or triadic supervision, unless otherwise required by the state licensure board.
13. **Contact the site supervisor with any client emergency** (client verbalized harm to self or other) and contact the university instructor with a verbal report on the client emergency after contacting the site supervisor or if the site supervisor is not available.
14. **Maintain openness to supervision** during the internship.
15. **Meet with** the university instructor for evaluation outside of group supervision when requested.
16. Understand that the university instructor, after review of site supervisor's evaluations and midterm and end term evaluations, will determine if the intern is prepared to continue COUN 6500 or needs further skills training prior to completing further internship terms.
17. Follow and attend to all policies and professional activities and procedures of the internship site.
18. **Check the course syllabus** for pertinent details. It is the student's responsibility to complete all of the requirements that are listed in the internship (6500) syllabus.
19. **Provide a copy** of the *Informed Consent and Statement of Confidentiality* (Appendix H) to each client and maintain a copy in a secured location at the internship site. Note: In regard to field experiences at school

sites (FL): the intern is required to verbalize all consents (informed and confidentiality) to the client/student and require the guardian of the client/student to sign the consent forms. The on site supervisor may coordinate and require the guardian's signature, which relieves the student of doing so; yet, the student must still verbalize to the minor client an informed consent and a statement of confidentiality in age appropriate language. All consent forms relating to a minor at a school will be maintained by the site supervisor.

20. **Complete** the *Evaluation of On Site Supervisor and Site by Student* (Appendix F) the end of the term and turn into course instructor.

It is the student intern's responsibility to follow all of the instructions and to provide all of the information required in executing the steps outlined in this packet, including those intended for your designated On-site Supervisor. Please be sure that you fully understand all of your responsibilities at the outset and if clarification is necessary, ask questions of the counseling program coordinator and/or the course instructor.

*Overall, the student is responsible for locating the field site in a timely manner, providing this Agreement to site supervisors and university faculty in a timely manner, evidencing an appropriate development of counseling and interpersonal skills and an openness to supervision during the experience, regular attendance in group and individual supervision, practicing according to the ACA Code of Ethics, and sharing self-growth experiences with peers in group supervision.*

## Roles and Responsibilities of the On-Site Supervisor

The following guidelines provide useful information to student interns and supervisors about the intended nature of the internship and the responsibilities of the the on-site (site) supervisor and site.

The on-site supervisor is responsible for providing a student with the individualized supervision consistent with the requirements/responsibilities that are outlined in this *COUN 6500 Professional Internship Agreement*. The site supervisor is responsible for reporting on the student's performance to the Webster University COUN 6500 faculty supervisor (instructor).

Site supervisors must have the following qualifications:

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses.
2. A minimum of two years of pertinent professional experience in the program area in which the student is enrolled.
3. Knowledge of the program's expectations, requirements, and evaluation procedures for Student interns.
4. Relevant training in counseling supervision.

Regular supervision is essential to the success of the internship.

- a. The Webster University internship course instructor will maintain regular communications with the site supervisor during the term (by phone and/or email or personal visits) regarding the intern's skills development. Documentation regarding these communications is required to be maintained by the course instructor.
- b. The Webster University *Site Supervisor Agreement to Supervise* (APPENDIX D) must be completed, signed and provided to the practicum instructor before the student begins the practicum or at a date designated by the Webster campus. A copy of the on site supervisor's license is also required to be in the student's file previous to the practicum beginning.
- c. Each student will participate in weekly group supervision, lasting a minimum of 90 minutes each, with the Webster University COUN 6500 instructor.
- d. Each intern is required to participate in a minimum of one, 50-60 minute supervisor session (individual or triadic) with the site supervisor.

The site supervisor signing this *Agreement* understands and agrees to the following. As the on-site supervisor, you agree to:

1. Provide the student with **600 hours** (or an agreed upon portion thereof) of clinical experience on site, 240 (40% of the total hours) of which must be **direct contact** counseling clients.
2. Provide the student with the **opportunity to practice counseling** in order to demonstrate counseling skills and to **receive feedback** on his or her performance.
3. **Communicate regularly** with the course instructor regarding the student's skills development. Instructor will contact the site supervisor to arrange for a schedule of regular communications.
4. Train the student according to this *Agreement* and including but not limited to use of appropriate consent forms (See Appendix H) and **adherence to the ACA Code of Ethics** (2005).

5. **Provide a secured location** for retaining client records and maintain records according to state legal requirements
6. **Observe** the student's counseling skills regularly through live supervision, co therapy, video or audio tape, and or some other acceptable form of observation. Use of observation must be mentioned in an informed consent.
7. **Evaluate** the student's skills each week in weekly supervision (see Appendix E) and provide direct and clear communication regarding skills improvement; complete a mid term and end term evaluation of the students professional skills development (see Appendix E).
8. Regularly **document** the student's professional skill development and share those documents with the student and the course instructor (due process).
9. **Provide the student with** the policies, professional activities and procedures, and legal responsibilities of the internship site.
10. **Provide input** to the Counseling degree program at Webster University when requested. Input may include, but is not limited to feedback regarding the program, instructor, and or student.
11. **Provide evidence (copy) of appropriate license** (LPC, LMHC, LP, MD, or school counselor certification and or licensure in NM and FL only) with the return of this *Professional Internship Agreement*.
12. **Provide emergency contact information** for the intern student for occasions when the student needs immediate consultation such as with potential client harm to self or others.
13. Agree to contact the course instructor at earliest convenience (within 48 hours) on any occasion in which #12 above occurred, i.e., report to the course instructor any crisis or emergency supervision that occurred with the intern.
14. **Not expose** the intern to clients and situations known to be outside of the level of competence of the student.
15. **Not expose** the intern to clients known to be a danger to self or others.
16. **Not expose** the intern to clients with infectious disease(s).
17. **Provide adequate/appropriate security** for the type of client counseled at the internship site.
18. **Sign** the student's *Weekly Clinical Hours Log* (See Appendix G) and term total page confirming student's log of hours and work.
19. **Review** the *Evaluation of On Site Supervisor and Site by Student* (Appendix F) to be familiar with those aspects on which the student will be evaluating the supervision.
20. Complete the *Site Supervisor Agreement to Supervise* (Appendix D) and this *Agreement* and give to the student/supervisee to turn into the COUN 6500 instructor.
21. **Attend** the Webster supervisor orientation next located on \_\_\_\_\_ (date) at \_\_\_\_\_ (location). Call \_\_\_\_\_ (supervisor orientation) at \_\_\_\_\_ (phone number) for information. Or agree to a site visit by the course instructor for purposes of course orientation.

*Overall, the site supervisor is responsible for collaborating training efforts with the university course instructor; communicating regularly with the course instructor; training the intern on site through regular observation, evaluation, feedback, and documentation; and adhering to the ACA Code of Ethics while training the intern.*

The Counseling degree program at Webster University greatly appreciates the professional input and participation of on-site supervisors in the training of its student interns. The ultimate success of that training is assured when the on-site supervisor's input and participation is maximized. We thank you in advance for your cooperation and collaboration.

## List of Appendices:

- Appendix A, Request for Certificate of Insurance page 12  
*(for those students with internship sites that require evidence of institutional professional liability insurance: Fax or email this document to Kathleen Crabdree @ 314-963-6929 or crabdrak@webster.edu who will facilitate forwarding this document to Daniel & Henry Co for said copy of PLI.)*
- Appendix B, Student Internship Proposal page 13  
*(Complete and return to the Counseling Program Coordinator or Counseling Advisor at least one term prior to the one in which the internship is to take place unless otherwise advised)*  
*(A copy of this form will be returned to you after your site has been approved)*
- Appendix C, Student Acknowledgement page 14  
*(Complete and turn into your internship instructor at first class)*
- Appendix D, Site Supervisor Agreement to Supervise page 15  
*(Complete and turn into your internship instructor previous to classes beginning)*
- Appendix E, Professional Skills Evaluation page 16-20  
*(Instructor and or supervisor complete this form weekly per relative skills; and completely at the midterm, and end term; review standout strengths and challenges with student at midterm and end term)*
- Appendix F, Evaluation of On Site Supervisor and Site by Student page 21-22  
*(Complete this and turn in to internship instructor by last week of course)*
- Appendix G, Weekly Clinical Hours Log page 23  
COUN 6000 Practicum and COUN 6500 Internship  
*(Complete one of these forms for each week that you participate in field experience and provide a copy to the instructor; maintain a copy of each weekly log for licensure purposes)*
- Appendix H, Informed Consent and Statement of Confidentiality page 24-25  
*(To be copied and provided to each client with original placed in client file)*

**APPENDIX A**  
Webster University  
**Professional Counseling Degree Program**

***Request for Certificate of Insurance***

*(for those students with internship sites that require evidence of institutional professional liability insurance:  
Fax or email this document to Kathleen Crabdree @ 314-963-6929 or crabdrak@webster.edu who will  
facilitate forwarding this document to Daniel & Henry Co for said copy of PLL.)*

Attention Agent:	Angel Zeilman	Fax #: xxx-xxx-xxxx
Requested by Instructor:		
Institution:	Webster University	
Date Cover Requested:		
Date Coverage Required:		

Coverage(s) Required:	<input type="checkbox"/> General Liability	<input type="checkbox"/> Automobile Liability
	<input type="checkbox"/> Automobile Physical Damage	<input type="checkbox"/> Property
	<input type="checkbox"/> Excess Liability	<input type="checkbox"/> Crime
	<input type="checkbox"/> Excess Workers' Compensation	<input type="checkbox"/> Trustees Errors & Omissions
	<input checked="" type="checkbox"/> <b>Limited Professional Liability</b>	
	<input type="checkbox"/> Other: (please specify)	

<b>Status:</b> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content; margin: 10px auto;">             None of these need to be checked for the counseling student.           </div>	<input type="checkbox"/> Additional Insured	<input type="checkbox"/> General Liability <input type="checkbox"/> Auto Liability <input type="checkbox"/> Excess Liability
	<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Auto Physical Damage <input type="checkbox"/> Property <input type="checkbox"/> Crime
	<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Property
	<input type="checkbox"/> Other: (please specify)	

<b>Description:</b>	<i>Please include description and value for property locations, automobiles, and leased equipment. Please reference if certificate is required for a special event or time frame.</i>
COUN 6500 Counseling Internship	
<b>Student:</b>	<b>ID#:</b>

Internship Site:			
Address:			
Address:			
City, State & Zip			
<b>Transmittal Instructions:</b>	<i>In an effort to reduce expenses, we prefer to transmit certificates via fax. Should you require a mailed original, please advise under special instructions below.</i>		
Insured:	<input type="checkbox"/> Fax	Attn:	Fax #:
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
Counseling Site:	<input checked="" type="checkbox"/> Fax	Attn:	Fax #:
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
Copy:	<input checked="" type="checkbox"/> Fax	Attn:	Fax #:
	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Overnight Mail	
Special Instructions:	<i>Please include contact name, mailing address, and phone no. for certificates sent via overnight and regular mail.</i>		
<b>Date to start coverage:</b>		<b>And continue coverage through:</b>	

*Please attach a copy of your Appendix B and any other documents which apply to the insurance requirements of the Certificate Holder.*

**APPENDIX B**  
Webster University  
**Professional Counseling Degree Program**

**STUDENT INTERNSHIP PROPOSAL**

*(Complete and return to the Counseling Program Coordinator or Counseling Advisor at least one term prior to the one in which the internship is to take place unless otherwise advised)*  
*(A copy of this form will be returned to you after your site has been approved)*

This Application must be filled out completely and returned to the Counseling Program Coordinator or Counseling Advisor at least one term (unless otherwise advised) prior to the one in which the internship is to take place. Indicate starting term and year of internship experience:

Spring I \_\_\_\_\_ Spring 2 \_\_\_\_\_ Fall I \_\_\_\_\_ Fall 2 \_\_\_\_\_ Summer \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Briefly describe your special areas of interest in the field of Counseling. What would you like to accomplish in the internship experience?

Is there a particular agency or setting in which you want to do your internship? If so, where?

Are you currently employed in the agency, school, institution, or setting mentioned above?

Is there any other information (e.g., previous experience), which you believe may be beneficial to the On-site Supervisor?

Internship Site: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Appendix C**  
Webster University  
**Professional Counseling Degree Program**

**STUDENT ACKNOWLEDGEMENT:**

*(Complete and turn into your internship instructor at first class)*

(A) I hereby attest that I have read and understand the American Counseling Association (ACA) *Code of Ethics* (2005) and will practice my counseling in accordance with these standards. I further understand that any breach of this Code or any unethical behavior on my part will result in my receipt of a failing grade in the internship and written notification of such behavior will be placed in my permanent record.

[www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx?](http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx?) .

(B) I understand that all students must carry professional liability insurance and such insurance is available through the American Counseling Association at 1-800-347-6647 x284 or their website

[www.acait.com/students/index.cfm](http://www.acait.com/students/index.cfm) or [www.hpsoc.com/students/studentindex.php3](http://www.hpsoc.com/students/studentindex.php3). Attached is a photocopy of my insurance.

(C) I understand that it is my responsibility to keep my internship supervisors (on-site supervisor and Webster University faculty supervisor/instructor) fully informed regarding my internship experience.

(D) I understand that I will not be awarded a passing grade until I have demonstrated in the internship a specific minimal level of Counseling knowledge, skills, and attitudes.

(E) I further understand that it is my responsibility to attend all classes and supervisory sessions fully prepared as outlined in the Internship course requirements. If any sessions are not attended, or attended without my full preparation, they will not be counted toward the fulfillment of the minimal internship requirements.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL OF PROPOSAL:

Counseling Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**APPENDIX D**  
Webster University  
**Professional Counseling Degree Program**

**Site Supervisor Agreement to Supervise**  
*(Complete and turn into your internship instructor previous to classes beginning)*

Today's Date: \_\_\_\_\_

Internship Start Date: \_\_\_\_\_ Internship End Date: \_\_\_\_\_

I, \_\_\_\_\_, agree to supervise \_\_\_\_\_, counselor in training (student) at Webster University, \_\_\_\_\_ (name campus location).

I have read the attached Internship Agreement. I understand and agree to carry out the role and responsibilities of the On-Site Supervisor for this internship experience as listed within.

I agree to meet with the counselor in training a minimum of one 50 minute session per week. That meeting will take place on \_\_\_\_\_ (name weekday) at \_\_\_\_\_ (name time) at \_\_\_\_\_ (name location of supervision).

I have attached a copy of my license as an LPC, LMHC, LP, or MD (psychiatrist); or a copy of my certification as a school counselor.

I agree to supervise this student according to the *ACA Code of Ethics (2005)*.

**Appendix E**  
 Webster University  
**Professional Counseling Degree Program**

***Professional Skills Evaluation***

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Course #/Title \_\_\_\_\_ Term \_\_\_\_\_

Name of Instructor/Supervisor completing this form \_\_\_\_\_

*Instructor, complete the following evaluation on each student using the scale to the right where: 1 equals Low, the student counselor lacks competence in this area; 2 equals Low Average, the student counselor evidences some competence but needs improvement; 3 equals Average, the student counselor evidences adequate competence; 4 equals High Average, student counselor's performance is more than adequate in this area; 5 equals High, the student counselor performs extremely well in this area; and NA, student counselor evidence of the skill was not required for this course. This evaluation is to be completed at the midterm and end term. Students showing deficient skills necessary for the above named course(score of 1-2) require a personal meeting with the instructor at midterm and or end term to discuss results and recommended next steps. (Copies of this form to be placed in student file in administrative office of campus. Original to be provided to student) CL=client; CN=counselor; hx=history; dx=diagnosis; tx=treatment*

<b>Basic Counseling Skills (competency evidenced in skills selected by Foundations of Counseling/5020 instructor; competency in most by completion of Group/COUN 5600; competency by completion of Practicum/6000)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Demonstrates empathy in all professional relationships						
Demonstrates unconditional positive regard in CL relationship						
Demonstrates development of therapeutic alliance with CL						
Demonstrates appropriate body language with CL including eye contact, body position, and distance from CL, taking into consideration social and cultural norms of the CL						
Demonstrates facial expressions congruent with language						
Tone is appropriate for counselor role						
Demonstrates respect for and acceptance of the CL	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Is collaborative with CL as evidenced through verbal and body language						
Communicates trust and safety with the CL						
Can hear CL comments in a non defensive manner						
Avoids double questions						
Maintains focus on CL issue as appropriate						
Asks open ended questions						
Summarizes periodically						
Avoids answering the question for the CL						
Can label the CL's feeling(s) whether verbalized or not						
Demonstrates ability to assess for suicidal ideation						
Demonstrates ability to assess for homicidal ideation						
Understands the differences between sexual, physical, verbal,						

emotional, and elderly abuse						
Demonstrates ability to assess for sexual, physical, verbal, emotional, and elderly abuse						
Knowledge of relationship between diagnosis and treatment						
Understands the concept of informed consent and uses regularly with CLs						
Understands the concept of confidentiality and demonstrates appropriate use of confidentiality statements with CLs						
Understands the concept of referral						
Has demonstrated referral of a CL						
Understands the concept of termination						
Has demonstrated use of termination						
Maintains CL focus in session						
Uses silence appropriately (knows when to break)						
Paraphrases accurately	1	2	3	4	5	NA
Reflects CL content						
Reflects CL content with emotion						
Demonstrates awareness of own personal biases						
Demonstrates awareness of own racial identity level						
Demonstrates awareness of own values						
<b>Advanced Counseling Skills (beginning competency in Practicum/6000; evidences competency in most by completion of Internship/6500)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Confronts CLs with incongruities in a professional and appropriate manner						
Encourages transition of session content to outside functioning						
Interrupts appropriately						
Reflects CL content with emotion and underlying meaning						
Can label the CL's values whether verbalized or not						
Understands the concept of and practices within ones level of competence						
Understands the differences between personal and professional boundaries and demonstrates appropriate use of boundaries in interpersonal interactions						
Understands appropriate application of treatment related to chemical addiction						
Evidences knowledge of the relationship between medications and treatment						
Demonstrates understanding of difference between crisis, disaster, and trauma counseling						
Demonstrates appropriate application of systems theory when working within an obvious system (family, couple, group)						
Demonstrates application of one theory or no more than integration of two theories in internship experience						
Demonstrates ability to integrate selected theory with practice						
Is aware of effect on others						

Understands systems theory	1	2	3	4	5	NA
Is aware of how CNs values impact therapy outcome						
Is aware of how others' cultural differences impact CN's approach and language						
Demonstrates professional comfort with the topic of sex						
Demonstrates professional comfort with the topic of abuse, physical, sexual and verbal						
Self-discloses appropriately						
Demonstrates ability to assess for CL cultural and social implications on presenting issues						
<b>Professional Ethics and Manner (evidences competency in most by completion of Professional Ethics/5800; evidences competency in all by completion of Internship/6500)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Participates every week in class discussions and activities						
Demonstrates professionalism in discussions of conflict or concern related to the counseling program						
Demonstrates manner consistent with a CN when managing conflict or concern in the program						
Participates in professional organizations in seminars, workshops, and or other activities that contribute to personal and professional growth.						
Can label CN's professional identification						
Demonstrates empathy in all professional relationships						
Application of ACA Code of Ethics						
<b>Awareness of Social and Cultural Issues (evidences awareness by Foundations/5020; evidences initial competency by Group/5600; evidences competency by completion of Internship/6500)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Demonstrates awareness of CN's own values						
Demonstrates awareness of how CNs values impact therapy outcome						
Demonstrates awareness of personal biases						
Demonstrates awareness of effect on others						
Demonstrates sensitivity to differences without prejudice; and understands impact of prejudice						
Demonstrates awareness of own racial identity level	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Demonstrates ability to assess for CL cultural and social implications on presenting issues						
Demonstrates ability to label CL cultural and social implications on presenting issues						
Demonstrates awareness of the ways others' cultural differences impact therapeutic approach and session content						
Demonstrates appropriate self-disclosure						
<b>Planning and In-session time (evidences some competency by completion of Practicum/6000; evidences competency in all by completion of Internship/ 6500)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Demonstrates appropriate use of theory in relation to case conceptualization skills						

Demonstrates appropriate use of client time in therapeutic manner						
Ability to develop measurable treatment goals						
Can develop treatment goals						
Can implement treatment plan						
Can delineate selected theory according to basic tenets, CN role, how change occurs, therapeutic strategy, tools/techniques, human nature, goals of treatment, strengths and limitations of the theory, and multicultural critiques of the theory						
Conceptualizes a client case in relation to chosen theory						
Demonstrates application of <i>one</i> theory in case conceptualization while in Practicum experience						
Demonstrates awareness of social and cultural issues						
Can make an accurate DSM diagnosis when appropriate						
Can implement a professional intake interview including psychosocial history and mental status examination						
<b>Self growth and awareness (evidences initial awareness and practice in Foundations/5020 and Group/5600; evidences competency by completion of Internship/6500)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Understands the concept of and evidences regular practice of self care						
Is aware of effect on others						
Understands the differences between personal and professional boundaries						
Appropriate use of boundaries in interpersonal interactions	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
<b>Clinical Supervision (evidences awareness and some competency by Group 5600; evidences competency by completion of Practicum/6000)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Takes feedback non defensively						
Responds to instructor in manner consistent with that of a CN						
Is aware of affect on peers and instructor when responding or providing feedback						
Provides feedback to peers in a manner consistent with that of a CN						
Comprehends supervisory feedback and integrates it into next CL session						
Self confidence is congruent with developing skill level						
<b>Overall skill with specific client subgroups (evidences competency by completion of Internship/6500)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Ability to conduct individual counseling						
Ability to conduct co therapy						
Ability to conduct group therapy (as facilitator)						
Ability to conduct family counseling						
Ability to conduct couples and marriage counseling						
Ability to conduct counseling with minors						
Experience with diverse clientele						
Experience with depth of CL issues						
Experience with referral and or termination						

**Counselor in Training Strengths:**

**Areas that need more attention for this Counselor in Training:**

**Recommendation(s) of Supervisor completing this form:**

*Adapted from Cristiani & George, 1995; Bernard & Goodyear, 2004; CACREP, 2008;Engles, Minton, & Ray, 2009; NBCC; & Wong & Wong, 2003.*

**APPENDIX F**  
Webster University  
**Professional Counseling Degree Program**

**EVALUATION OF ON-SITE SUPERVISOR AND SITE BY STUDENT**  
*(Complete this and turn in to internship instructor by last week of course)*

NOTE: This form should be completed by the student and given to the Webster University Counseling coordinator at the conclusion of the Internship experience at a given setting.

Student Name: \_\_\_\_\_ Term & Year: \_\_\_\_\_

Name of Internship Facility and contact information:

\_\_\_\_\_

On-Site Supervisor's Name and license title: \_\_\_\_\_

Describe the setting and the type of clients with whom you worked and the problems they experienced.

You experienced and participated in all activities expected of a practicing counselor including **but not limited to** direct client hours, note taking and documentation, case conceptualization and treatment planning, referral process, intake, assessment, termination, staffing, and both individual and group counseling.

1      2      3      4

If not, list those you did not participate in:

\_\_\_\_\_

The site provided necessary facilities and resources to perform your responsibilities while in the role of internship student.

1      2      3      4

Your site supervisor used a theoretical approach and supervisory practices that were clear and consistent.

1      2      3      4

The site supervisor regularly referenced professional identity as a professional counselor.

1      2      3      4

This experience increased your professional development.

1      2      3      4

This supervisor increased your knowledge of and or exposure to ethical practice.

1      2      3      4

Your supervisor was always available and responsive during sessions and for immediate (crisis) consultation.

1      2      3      4

Your site supervisor met with you weekly and reviewed your counseling and interpersonal skills.

1      2      3      4

An official evaluation form was followed and presented weekly and at mid and end term.

1      2      3      4

Please provide any additional comments (e.g., on the advantages and/or disadvantages of this particular setting):

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**Appendix G**  
Webster University  
**Professional Counseling Degree Program**

**Weekly Clinical Hours Log**  
**COUN 6000 Practicum and COUN 6500 Internship**

*(Complete one of these forms for each week that you participate in field experience and provide a copy to the instructor; maintain a copy of **each** weekly log for licensure purposes)*

Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Field Experience Site: \_\_\_\_\_

Supervisor Name and Contact #: \_\_\_\_\_

Direct Hours (list total hours for the week in each category):

Individual counseling	_____
Group counseling	_____
Couple counseling	_____
Marital counseling	_____
Family counseling	_____
Child or adolescent counseling	_____
Intake evaluation	_____
Testing or other assessment	_____
Other (describe)	_____

Total Direct Hours: \_\_\_\_\_

Indirect Hours (list total hours for the week in each category):

Preparation for class	_____
Review of audio or video tape sessions	_____
Preparation for direct work	_____
Supervision with site supervisor	_____
Group supervision with class	_____
Preparing records for client contact	_____
Staffing/Meetings	_____
Receiving/providing consultation	_____
Other (describe)	_____

Total Indirect Hours: \_\_\_\_\_

Total Hours for Week: \_\_\_\_\_

Students Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix H**  
Webster University  
**Professional Counseling Degree Program**

**Informed Consent and Statement of Confidentiality**

*(To be copied and provided to each client with original placed in client file on site)*

**Informed Consent**

I, \_\_\_\_\_, (client) understand that this form is intended to help explain the process of receiving counseling services. I understand that \_\_\_\_\_, a counseling student at Webster University is a counselor in training (herein referred to as Student Counselor). This Student Counselor is working under the direct supervision of \_\_\_\_\_, a faculty member for Webster University and \_\_\_\_\_, a licensed supervisor for \_\_\_\_\_ (name of site). By signing at the bottom of the page, I agree to the following.

It has been explained to me that counseling services and psychotherapy have benefits and risks. Research has evidenced that receiving counseling services in times of emotional distress is more beneficial than receiving no counseling at all. Yet, there are no guarantees regarding treatment outcomes.

I understand that video or audio taping or live supervision may be used in counseling sessions. These tapes may be shared with other counseling students for purposes of training only. Tapes pertaining to counseling sessions will be maintained in a secured location and will be destroyed by the end of the practicum/internship term or these counseling sessions.

I understand that I have the right to ask about any aspect of counseling or to terminate counseling sessions at any time.

I understand that I have the right to an explanation of any test/questionnaire I may be given, to decline participation in any such test or questionnaire, and to a summary, either verbal or written, of any test results/conclusions.

I understand that if I find myself in an emergency emotional situation (I feel like hurting myself or another), I agree to contact \_\_\_\_\_ (phone number of the nearest hospital emergency room) before I take any other action and ask for the mental health professional on call. I may contact my counselor in training or the named supervisor above after I contact the emergency room.

**Statement of Confidentiality**

I understand that there are specific situations in which my confidentiality may be broken and in which the Student Counselor and or supervisor is legally obligated to take actions that may be necessary to protect me or others from harm. If such a situation arises, it will be discussed with me before any action takes place.

I understand that the reasons for which my confidentiality may be broken include the following:

1. If it is suspect that a child or a vulnerable adult is being neglected and or abused,
2. If it is suspect that I, the client, present a clear and substantial danger to myself or other(s).
3. If there is a court order regarding the contents of my case.

Resulting actions may include contacting family members, seeking hospitalization, notifying potential targets, and notifying the police.

I understand that these counseling sessions may be terminated by me at any time and that the Student Counselor may, with advanced notice, refer me to another counselor. I also understand that the Student Counselor will end his/her relationship with this site at a set time and that I have been notified that sessions may not occur with this Student Counselor beyond \_\_\_\_\_(date of end of field experience).

I understand that this summary is designed to provide an overview of confidentiality and the limits of professional counseling. I understand that this form is required to be signed to by me before professional counseling services can be provided.

I have read and understand the above and have had the opportunity to ask questions regarding the counseling process before revealing personal information about myself.

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Client Signature	Printed Name	Date
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Student Counselor Signature	Printed Name	Date
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Licensed Supervisor Signature	Printed Name	Date
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