

## Master of Arts in Counseling Professional Practice

## INTERNSHIP Agency Placement Form

Agency:	
Address:	
Phone Number: ( )	<b>E-Mail</b> :
Agency Director:	
Individual Supervisor:	(* Please attach a current vita or resume)
☐ MSW year ☐ MDiv Licensure/Certification:	year □ EdS year □ PhD year year □ DMin year
	T year □ LCSW year □ NCC year
☐ Certifications:	Completed Supervision Training: or
Tears of Experience: C	20 hrs/Date Credit Class/Date
General Description of Placement:  Community Counseling Agen Addictions/Rehabilitation Hospital-based Mental Health Church Community Services Board Other:	□ Adolescents
Description of Possible Student Acti	ivities:
	ps ☐ Assessment ☐ Intake ☐ Crisis Intervention  Classroom Guidance ☐ Staff meetings
Recording Allowed:	
☐ Yes, with appropriate consent	forms $\square$ No
Return to:	Master of Arts in Counseling 1200 Park Road Fastern Mennonite University

Harrisonburg, VA 22802-2462