

*Master of Arts in Counseling
Professional Practice*
INTERNSHIP CONTRACT LETTER

Date

Supervisor name, title

Agency

Address

Dear Supervisor name:

This letter is a contract to confirm that you are in agreement to act as my internship site supervisor for the _____ semester(s) of school years, beginning first day of beginning semester, and ending last day of ending semester.

Within the dates stated above, I, your name, a student of the Master of Arts in Counseling program at Eastern Mennonite University, agree to work with you as an intern every week at the site name. This will provide approximately _____ (600 for one site, divide it up for more than one) hours of on-site counseling experience including _____ (240 for one site, divide it up for more than one) hours of direct contact with clients and one hour per week of supervision time with you. *The total hours of on-site counseling experience and hours of direct contact with clients may be reduced if the internship student has multiple internship site placements.*

An integral part of our supervision is review of our work throughout the internship. I am required to record as many counseling sessions as possible for supervision and training purposes only. Your assistance with getting consent from clients is appreciated! These recordings are also to be reviewed and discussed in our individual supervision times as much as possible. For your awareness, I am required by EMU to carry liability insurance for this internship and a copy of that certificate is available should you need a record of this coverage.

For future reference, my faculty group supervisor is _____ and he/she may be reached at _____. I look forward to practicing counseling with you this year!

Sincerely,

By signing this I have read and agreed to the scheduling arrangements, supervision requirements, and recording needs for your internship experience.

Site supervisor signature

CC: EMU Faculty Supervisor name, title

Date