

APPLICATION FOR MHS 6801: ADVANCED PRACTICUM IN MH COUNSELING*

Application for the _____ semester/ year

Applicant Name (print): _____

Email: _____ **phone (cell)** _____ **(other)** _____

Formally admitted to the Clinical Mental Health program for: _____ (semester) _____ (year)

Practicum completed during _____ **semester of** _____

Site(s) _____

FAU Seminar instructor _____

_____ **Core Grade**

_____ **Final Grade**

_____ **Exit Exam: composite score**

Please indicate the approved Advanced Practicum site you prefer and plan to contact

Preferred Site	Agency name & location	Type of clients served
#1		
#2		

A complete application includes these four documents: (1) application form; (2) recent transcript; (3) resume (list all your mental health experience). Place documents in a 9 x 12 envelope and deliver to CE secretary by February 15 for summer & fall terms, or September 15 for spring terms. Applications received after 4pm on those dates will not reviewed.

I understand that it is my responsibility to contact my preferred sites to initiate interviews and needed process to be able to start my clinical experiences on time. I understand that I will not be allowed to proceed with my practicum if I fail to submit the Supervisor Agreement Form by the first day of the semester of my advanced practicum

Applicant Signature _____ **Date** _____

* A formal application must be completed even if you request to remain at your current site

APPLICATION FOR MHS 6830: INTERNSHIP IN MH COUNSELING (Part I & II) *

Application for the __semester/ year **Part I** **Part II** Applicant Name

(print): _____

Email: _____ phone (cell) _____ (other) _____

Formally admitted to the Clinical Mental Health program for: _____ (semester) _____ (year)

MHS 6800 Practicum was completed during _____ semester of _____ Site(s) _____

FAU Seminar instructor _____

_____ Core Grade

_____ Final Grade

_____ Exit Exam: composite score

MHS 6801 Advanced Practicum was completed during _____ semester of _____

Site(s) _____

FAU Seminar instructor _____

_____ Core Grade

_____ Final Grade

MHS 6830 Internship (Part I) was completed during _____ semester of _____

Site(s) _____

FAU Seminar instructor _____

_____ Core Grade

_____ Final Grade

Please indicate the approved Internship site you prefer and plan to contact

Preferred Site	Agency name & location	Type of clients served
#1		
#2		

A complete application includes these four documents: (1) application form; (2) recent transcript; (3) resume (list all your mental health experience). Place documents in a 9 x 12 envelope and deliver to CE secretary by February 15 for summer & fall terms, or September 15 for spring terms. Applications received after 4pm on those dates will not reviewed.

I understand that it is my responsibility to contact my preferred sites to initiate interviews and needed process to be able to start my clinical experiences on time. I understand that I will not be allowed to proceed with my practicum if I fail to submit the Supervisor Agreement Form by the first day of the semester of my internship.

Applicant Signature _____ Date _____

* A formal application must be completed even if you request to continue at your current site