

Internship Student Placement Agreement

Counseling and Psychological Services Department
Mahar Hall
7060 State Route 104
Oswego NY 13126

CPS – 515 Internship in Mental Health Counseling
CPS – 516 Internship in Alcohol and Substance Abuse Counseling

Internship Student's Name _____

Placement Site _____

Name of Site Supervisor _____

Supervisor's Credentials _____

Period of Site Placement _____

Complete Site Address

Supervisor Phone _____

Supervisor Email _____

THE FOLLOWING SIGNATURE ACKNOWLEDGES THAT THE PRACTICUM STUDENT HAS REVIEWED THE INTERNSHIP SITE MANUAL.

Practicum Student Signature

Date

THE FOLLOWING SIGNATURE ACKNOWLEDGES THAT THE SITE SUPERVISOR HAS:

- REVIEWED THE INTERNSHIP SITE MANUAL
- HAS THE RELEVANT EXPERIENCE AND CREDENTIALS TO PROVIDE CLINICAL SUPERVISION TO A MENTAL HEALTH COUNSELING STUDENT IN NEW YORK STATE
- REVIEWED THE ORIENTATION & SUPERVISION INFORMATION / TRAINING (e.g., readings, videos) IN THE SUPERVISION SECTION OF OUR [WEBSITE](#)

Site Supervisor Signature

Date