



**Doctoral Internship Checklist**  
**UToledo Counselor Education Program**

- **Internship Application:** This form will be reviewed and signed by the student and their program advisor prior to starting internship.
- **Internship Site Agreement Form:** This form ensures all parties acknowledge the roles, responsibilities, expectations of the student and the site as it relates to the internship experience. Signatures from the student, site supervisor, and relevant site representative must be included.
- **Supervisor Qualification Form:** This form serves as verification that the supervisor meets the training and credentialing standards to provide supervision.
- **Supervision Contract:** Internship requires supervision of no less than one hour per week. This form serves as verification and description of counseling supervision and agreement thereto.
- **Professional Liability Insurance:** In cases where the student is providing counseling, and/or teaching at an external university or educational institution, and/or providing developmental supervision, the intern must secure professional liability insurance in the amount of no less than \$1,000,000.00 each occurrence and \$3,000,000.00 aggregate. Proof of coverage is required.
- **Ethics Review Form:** Internship requires that students and site supervisors endorse the ACA Code of Ethics (2014), as well as the guidelines specific to their specific placement. Students and site supervisor(s) will review and sign the *Ethical Guidelines* form and submit to the internship instructor and clinical coordinator for the student's internship file.
- **Student Evaluations:** Students are required to submit a **mid-term evaluation at the midway point of each semester the student is enrolled in internship** completed by their site supervisor(s). Students will submit a final evaluation at the end of each semester the student is enrolled in internship completed by their site supervisor(s).
- **I Care Attestation:** Students involved in clinical activities during internship are required to review and sign this form.
- **Student Evaluation of Supervisor:** Students are required to submit a final evaluation of their supervisor to the internship instructor.



**Doctoral Internship Application Form  
UToledo Counselor Education Program**

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

<b>Address:</b>		<b>Rocket Number:</b>	
		<b>Phone Number:</b>	
<b>Email Address:</b>			
<b>Semester/Year to Start Internship:</b>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
<b>Year to Start Internship:</b>			
<b>Approved Plan of Study on File:</b>	<input type="checkbox"/> Yes   or <input type="checkbox"/> No		
<b>Program Advisor Name:</b>			

**Advisor Statement:** I have reviewed the student's Internship Application Form.

**Advisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Statement:** I have been advised, and understand, that all course expectations and requirements of doctoral internship. I understand that if I do not complete any of the requirements and/or fail to submit the necessary internship paperwork, I will forfeit my reservation in internship and be placed on the waitlist for future course sections.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Doctoral Internship Site Agreement Form (Clinical)  
Counselor Education Program**

As a student in the Counselor Education Program, \_\_\_\_\_ (**Student's Name**) is contracting with \_\_\_\_\_ (**Site Name**) to fulfill the requirements of their clinical experience.

1. The site agrees to assign clients to the student trainee and provide experiences in counseling, assessment, treatment planning, and intervention consistent with the trainee's level of training and ability.
2. The program/agency agrees to develop a work schedule and case assignment procedures consistent with the requirements of the internship as outlined in the Internship Policies and Procedures for the Department of Counselor Education.
3. The student's role within the program/agency will be that of a Counselor Trainee and the student shall function under the direct clinical supervision of \_\_\_\_\_ (**Supervisor's name, Degree, and Title**) who is employed by the program/agency and is qualified to provide supervision for counselor trainees. The Supervisor must meet and maintain academic requirements and licensure and/or certification necessary under state law and CACREP standards.
4. The Supervisor agrees to meet the minimum requirements for supervision of 1 hour of face-to-face, individual/triadic supervision per 20 hours of the Counselor Trainee's experience in the program/agency.
5. The Site Supervisor agrees to maintain bi-weekly contact with the internship instructor in accordance with the supervision contract.
6. The Supervisor agrees to complete a mid-term and final evaluation of the Counselor Trainee for each semester the Counselor Trainee is under supervision.
7. The Counselor Trainee shall function as a member of the program's/agency's staff with full rights and privileges consistent with their level of training and ability. In exchange, the Counselor Trainee agrees to abide by and conform their behavior to program/agency policies and procedures and to perform in a professional and ethical manner. However, it is understood and agreed by the Counselor Trainee and program/agency that this Agreement does not give rise to an employment relationship between the Counselor Trainee and program/agency and the Counselor Trainee is not entitled to any employee benefits as a result of this Agreement.
8. The Counselor Trainee agrees to obtain at their own expense professional liability insurance (minimum \$1,000,000 each incident, \$3,000,000 aggregate) prior to starting their internship and to maintain such insurance throughout his or her internship except where such requirements are waived by the program/agency in writing. A waiver of this requirement can be made only in those

cases where the program/agency agrees to maintain professional liability insurance on behalf of the counselor trainee.

The Department reserves the right to withdraw a Counselor Trainee from their internship program/agency placement when in the Department's judgment the experience does not meet the needs of the counselor trainee.

9. The program/site may resolve any problem situation in favor of clients' welfare and may take the client assignment from the Counselor Trainee. If deemed necessary by the program/site, for any reason, the Client Trainee may be removed from the program/site and be required to withdraw from the internship.
10. This Agreement will commence on \_\_\_\_\_ and will terminate on \_\_\_\_\_. This Agreement is subject to renegotiation or termination upon written receipt of fifteen (15) days' notice by either party. Any amendments or changes to the Agreement prior to its expiration must be mutually agreeable to all parties who are signatories to the Agreement.
11. Note that this document does not supersede the Affiliation Agreement.

\_\_\_\_\_  
**Site Representative Signature**  
(i.e. Principal, Site Administrator, Clinical Director)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Site Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

I have received, read, and understand the Internship Manual for the Counselor Education Program.

**Site Supervisor Initials** \_\_\_\_\_

**Date** \_\_\_\_\_

**Trainee Initials** \_\_\_\_\_

**Date** \_\_\_\_\_



**Doctoral Internship Site Agreement Form (External Teaching)  
Counselor Education Program**

As a student in the Counselor Education Program, \_\_\_\_\_ (Student's Name) is contracting with \_\_\_\_\_ (Site Name) to fulfill the requirements of their teaching experience.

1. The site agrees to assign teaching responsibilities to the student trainee and provide experiences in pedagogy consistent with the trainee's level of training and ability.
2. The program/site agrees to develop a work schedule and teaching assignment procedures consistent with the requirements of the internship as outlined in the Internship Policies and Procedures for the Department of Counselor Education.
3. The student's role within the University will be that of a \_\_\_\_\_ and the student shall function under the direct training supervision of \_\_\_\_\_ (Supervisor's name, Degree, and Title) who is employed by the University and is qualified to provide supervision of students in their training program.
4. The Supervisor agrees to meet the minimum requirements for supervision of 1 hour of face-to-face, individual/triadic supervision per 20 hours of the student's experience.
5. The Site Supervisor agrees to maintain regular contact with the internship instructor.
6. The Supervisor agrees to complete a mid-term and final evaluation of the Doctoral Intern for each semester the Doctoral Student is under supervision.
7. The Doctoral Intern shall function as a member of the University's staff with full rights and privileges consistent with other part-time or adjunct faculty members. In exchange, the Doctoral Intern to abide by and conform their behavior to University's policies and procedures and to perform in a professional and ethical manner. However, it is understood and agreed by the Doctoral Intern and the University that this Agreement may not give rise to an employment relationship between the Doctoral Intern and the University, and the Doctoral Intern may not be entitled to any employee benefits because of this Agreement.
8. The student agrees to obtain at their own expense professional liability insurance (minimum \$1,000,000 each incident, \$3,000,000 aggregate) prior to starting their internship and to maintain such insurance throughout their internship except where such requirements are waived by the program/agency in writing. A waiver of this requirement can be made only in those cases where the program/agency agrees to maintain professional liability insurance on behalf of the student.
9. The Program reserves the right to withdraw a Doctoral Intern from their internship placement when, in the Department's judgment, the experience does not meet the needs of the counselor trainee.
10. The program/site may resolve any problem situation in favor of enrolled students' welfare and may take the teaching assignment from the Doctoral Intern. If deemed necessary by the University, for any reason, the

Doctoral Intern may be removed from the program/site and be required to withdraw from the internship.

11. This Agreement will commence on \_\_\_\_\_ and will terminate on \_\_\_\_\_ . This Agreement is subject to renegotiation or termination upon written receipt of fifteen (15) days' notice by either party. Any amendments or changes to the Agreement prior to its expiration must be mutually agreeable to all parties who are signatories to the Agreement.
12. Note that this document does not supersede the Affiliation Agreement.

\_\_\_\_\_  
**Site Representative Signature**  
(i.e. Principal, Site Administrator, Clinical Director)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

I have received, read, and understand the Doctoral Internship Manual for the Counselor Education Program.



**Supervisor Qualification Form  
Counselor Education Program**

**Internship Student Name:** \_\_\_\_\_

Supervisor Name:			
Title:			
Business Address:			
Phone:		2 <sup>nd</sup> Phone:	
Fax:		Email:	
Scope or type of activities provided:			

<b>Professional License Type(s)</b>	<b>State/Board that Issued License</b>	<b>License#</b>	<b>Date Awarded</b>
<b>Certifications</b>	<b>State and Agency Awarding Certificate(s)</b>	<b>Certificate#</b>	<b>Date Awarded</b>
<b>Degree(s)</b>	<b>College or University Name</b>	<b>Program of Study</b>	<b>Date Awarded</b>
<b>Work History (most recent first)</b>	<b>Agency/Institution</b>	<b>Length of Time in this Position</b>	<b>Start Date – End Date</b>



**Other Relevant Training or Supervision Experiences to Note:**

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



## Doctoral Internship Supervision Contract Counselor Education Program

This contract serves as verification and a description of the supervision provided by \_\_\_\_\_ (Site Supervisor Name) to \_\_\_\_\_ (Supervisee Name) in the \_\_\_\_\_ for the \_\_\_\_\_ semester of 20\_\_\_\_\_.

**Purpose, Goals, and Objectives:** The purpose of supervision is to enhance the Supervisee's counseling skills and promote development of the Supervisee's competence and professional identity.

**Context of Supervision:** The supervisee will meet with the site supervisor on a weekly basis for an average of one hour per week until the end of the semester. This weekly interaction may be individual and/or triadic supervision which will include biweekly consultation with the university instructor.

**Method of Evaluation:** The supervisor will evaluate the counseling skills of the Supervisee on an on-going basis through weekly face-to-face supervision to assist the professional development of the Supervisee. The supervisor will complete Midterm and Final evaluation of the supervisee. The Supervisor will keep the faculty instructor apprised of the student's progress and will notify the faculty instructor of any concerns. The faculty instructor is responsible for assigning the final grade in the Counseling Internship.

### Duties and Responsibilities of the Supervisor:

- The site Supervisor shall screen and select appropriate clients based on the developmental and skills level of the Supervisee.
- The Supervisor shall be responsible for informing clients that they will be seen by an internship student.
- The Supervisor shall insure sufficient client referrals to meet the needs of the internship student. It is expected that internship students will obtain at least 240 hours of direct individual and group client contact during their internship.
- The Supervisor is responsible for providing an average of one hour per week of clinical supervision for the internship student and be available for consultation. Clinical supervision will focus on necessary counseling interventions to promote client welfare.
- The Site Supervisor agrees to observe the internship student's interactions with clients by either live observation and/or audio/video recording to assess student development.
- The site and site Supervisor hold ultimate responsibility for the welfare of the internship student's clients.
- The Supervisor will complete a final written evaluation of the student's knowledge, skills, and personal and professional development during the internship experience. The internship instructor will provide the format for the written evaluation.

- The Supervisor and faculty instructor will engage in biweekly consultation and the Supervisor will initiate contact with the faculty instructor when there are any questions or concerns regarding the student, expectations, or responsibilities.

**Duties and Responsibilities of the Internship Supervisee:**

- The supervisee shall at all times conduct his or her behavior in accordance with the policies and procedures of the internship site, and with the ethical standards of the American Counseling Association (ACA), the American School Counselor Association (ASCA), State of Ohio Laws, and other applicable standards of conduct.
- The supervisee shall maintain a work schedule that has been mutually agreed upon by the supervisee and the supervisor. The supervisee will notify the Supervisor of any anticipated absence or necessary schedule change.
- The supervisee shall demonstrate satisfactory knowledge, skills, and attitudes in the applicable competencies identified on the performance evaluation. The supervisee is expected to be introspective, open, and receptive to feedback, and demonstrate flexibility by making appropriate changes in response to feedback.
- The supervisee shall report any emergency/crisis situations with their clients immediately to their site Supervisor and to the faculty instructor.
- The supervisee shall attend individual and group supervision sessions as scheduled.
- The supervisee shall keep accurate records of weekly client contact hours, indirect hours, and supervisory hours.

**Terms of the Contract:** This contract is subject to revision at any time, upon the request of the Supervisor, Faculty Instructor, and/or Clinical Coordinator. A formal review of the contract will be made at the midterm of the semester, and revisions will be made only with consent of the Supervisee and Supervisor. **I have read and agree to the terms set forth in this contract.**

\_\_\_\_\_  
**Site Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Internship Student Signature**

\_\_\_\_\_  
**Date**

This contract is in effect from \_\_\_\_\_ to date of revision or termination: \_\_\_\_\_.



## Ethics Review Form Counselor Education Program

Students enrolled in a practicum or internship experiences are expected to adhere to the ethical guidelines set forth by the American Counseling Association (ACA) in the 2014 *Code of Ethics*. Students' actions should be consistent with the spirit of the ethical guidelines within the ACA *Code of Ethics*. Students are also expected to learn and adhere to the guidelines specific to their placement site. Students should contact their site supervisor or instructor with any questions or concerns about ethics or professional conduct during their practicum or internship. The following list of ethical principles is not exhaustive and should be considered the minimum standard of ethical practice for students to adhere:

**Professional Disclosure Statement and Professional Competence:** Students will explicitly state their status as a counseling student/counselor trainee, whom is under supervision, to clients/students at the outset of the counseling relationship. They will accurately represent their training, qualifications, and time limitations to providing services as a practicum or internship student. Students will recognize their limitations to training and abilities and must not exceed these at any time. Students will actively seek supervision and consultation with their site supervisor and university supervisor when such instances arise.

**Impairment and Self-Care:** Students will monitor themselves for signs of physical, mental, and emotional impairment and refrain from offering services when impaired. Students should seek assistance when impaired and limit, suspend, or terminate their professional responsibilities until it is determined safe to resume professional responsibilities. In addition, students will engage in self-care practices to maintain and promote their personal wellness to best meet their professional responsibilities.

**Confidentiality and Privacy:** Students will maintain awareness and sensitivity regarding the cultural meanings of confidentiality and privacy. Students will communicate the parameters of confidentiality and privacy to clients/students in a culturally competent manner. Students will protect the confidential information of clients/students and disclose information only with sound legal or ethical justification. Students should be familiar with the confidentiality procedures of their site placement and the laws of the state.

**Dual Relationships and Prohibited Noncounseling Roles and Relationships:** Students will refrain from providing services to persons with whom the student is previously or currently involved in other types of relationships. Under no circumstance shall a student engage in any sexual and/or romantic with current clients, their romantic partners, their family members, or with persons whom they have had a previous sexual and/or romantic relationship. Students do not condone or subject any person to any form of sexual harassment.

**Records and Documentation:** Students will ensure the accurate and timely documentation of clients/student services and progress. If amendments are made to records and documentation, students will communicate the rationale for amendment and follow site specific policies as advised.

**Ethics Discussion with Site Supervisor:** Students and site supervisor(s) must discuss the ethical standards of professional conduct prior to the student engaging in any direct contact with clients/students and at any time throughout the students counseling experience at the site.

By signing below the student agrees to adhere to the above guidelines as well as the complete *Code of Ethics* (ACA, 2014). The site supervisor's signature indicates that ethical discussions with the student have taken place prior to working with any clients/students.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Site Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_