

Virginia Commonwealth University  
School of Education - Counselor Education Program  
Practicum Application CLED 604 or CLED 608

Instructions: Please fill out this form completely.

For School Counseling practicum students: Attach a copy of your current TB skin test results which cannot expire before the end of your practicum semester. (Results are good for one year from the test date). School counseling practicum students may be required to pay for criminal background/child abuse registry screening and/or sign confidentiality agreements as required by some school divisions.

APPLICATIONS (SIGNED BY ADVISOR) ARE DUE TO DR. DOCKERY BY **FEBRUARY 1** FOR FALL SEMESTER AND **SEPTEMBER 1** FOR SPRING SEMESTER

**General Information**

NAME OF APPLICANT: \_\_\_\_\_

V NUMBER: \_\_\_\_\_ Semester: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_\_ Year

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PRACTICUM (circle one): CLED 604 (School Counseling) CLED 608 (College Counseling/Student Affairs)

**Prerequisites Met**

CLED 600 _____	CLED 622 or CLED 613 _____ (for CLED 604 students only)
CLED 601 _____	CLED 606 _____ (recommended completion)
CLED 602 _____	CLED 620 _____ (for CLED 608 students only)
CLED 603 _____	

**Site preferences**

School counseling candidates must have an elementary placement for either practicum or internship

1) Level (select A, B, or C) (**choice of level is not guaranteed**)

_____ A. Secondary (rank middle and high)	_____ B. Primary/elementary (pk-6)
_____ Middle (6-8)	_____ C. Post-secondary (for CLED 608 students only)
_____ High (9-12)	

2) **CLED 604**: School Division (rank 1-3) **CLED 608**  
(**Choice of division not guaranteed**)

_____ Chesterfield	1 <sup>st</sup> Choice (university/office) _____ / _____
_____ Henrico	2 <sup>nd</sup> Choice (university/office) _____ / _____
_____ Richmond	

IS THIS AN ON-THE-JOB PLACEMENT REQUEST? \_\_\_\_\_ YES LOCATION \_\_\_\_\_

SPECIAL REQUEST \_\_\_\_\_ (CHECK – ONLY IF YOU DO NOT HAVE A CAR) \_\_\_\_\_

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**Eligibility for licensure as a Professional School Counselor in Virginia requires that candidates respond to the following questions: (Circle yes or no)**

1. Have you ever been convicted of a felony in the U.S. (or territories) or found guilty of a criminal offense in another country? **Yes No**
2. Have you ever been found guilty of a misdemeanor involving children or drugs (*not alcohol*)? **Yes No**
3. Have you ever had a teaching certification or license denied, revoked, canceled or suspended? **Yes No**
4. Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency? **Yes No**
5. Have you ever left any education or school related employment, voluntarily or involuntarily, while the subject of an investigation, injury, or review of alleged misconduct or when you had reason to believe an investigation of alleged misconduct was under way or imminent? **Yes No**
6. To your knowledge, are you currently the subject of any investigation, inquiry, or review of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil services, or other education-related license or certificate? **Yes No**

**If you respond affirmatively to any of these questions, make an appointment immediately with Dr. Diane Simon, Associate Dean, School of Education, 2090 Oliver Hall.**

**Notification of placements will be made by e-mail once received in SOE Student Services. Once your placement has been finalized by the school division and you have been notified, assignments cannot be changed as school divisions arrange only one placement per application.**

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**I understand that I am not guaranteed my request division or level for a site placement. I also understand that I am to have a diverse practicum placement experience. If required, I have attached a copy of an up to date Tuberculosis skin test that will not expire before the end of the practicum experience.**

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

**Please return this form with your advisor's signature to Dr. Dockery in Oliver 4043g by February 1 for Fall semester practicum placements and by September 1 for Spring semester practicum placements.**