



**COUNSELOR EDUCATION
INTERNSHIP**

DUE DATE
 September 1st for the Spring
 February 1st for the Fall
 Revised September 2018

INTERNSHIP APPLICATION FOR
COUNSELOR EDUCATION: CLED 672

_____ **SCHOOL COUNSELING TRACK OR** _____ **COLLEGE COUNSELING AND STUDENT DEVELOPMENT TRACK (CHECK ONE)**

APPLICATION MUST BE ACCOMPANIED BY RESUME, UNOFFICIAL TRANSCRIPTS, AND (SCHOOL COUNSELING APPLICANTS) UP TO DATE TUBERCULOSIS SKIN TEST RESULTS

NAME: _____ V NUMBER _____
 (LAST) (FIRST) (MIDDLE) (Do not indicate your SSN#)

ADDRESS: _____
 (STREET) (CITY) (STATE) (ZIP)

DAYTIME TELEPHONE: _____ HOME TELEPHONE: _____

E-MAIL: _____ CUMULATIVE GPA: _____

SEMESTER FOR PLACEMENT: FALL _____ SPRING _____ YEAR: _____

IF YOU ARE DIVIDING INTERNSHIP OVER TWO SEMESTERS, PLEASE SUBMIT AN APPLICATION FOR EACH SEMESTER

WHERE DID YOU COMPLETE PRACTICUM? LEVEL (IF APPLICABLE): _____ (ELE., MIDDLE, HIGH)

SCHOOL DIVISION (COUNTY/CITY) OR UNIVERSITY NAME _____

SCHOOL NAME OR UNIVERSITY OFFICE _____

INTERNSHIP REQUEST: CIRCLE 3 CREDIT OR 6 CREDIT

REQUESTED INTERNSHIP *SCHOOL DIVISION (SC)* (CHESTERFIELD, HANOVER, HENRICO, OR RICHMOND) OR
POSTSECONDARY UNIVERSITY/OFFICE (CCSD) _____ (LOCATION NOT GUARANTEED)

CHECK REQUIRED LEVEL(SC): _____ ELEMENTARY OR _____ SECONDARY

IF SECONDARY (SC), RANK _____ MIDDLE AND _____ HIGH (NOT GUARANTEED)

IS THIS AN ON-THE-JOB PLACEMENT REQUEST? _____ YES SCHOOL/SITE NAME _____

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

(over)

Eligibility for licensure as a Professional School Counselor in Virginia requires that candidates respond to the following questions: (Background questions – adopted from VDOE licensure application, July 2018)

PLEASE READ CAREFULLY AND CHECK Y (yes) or N (no)	Y	N
Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?		
Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?		
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor) or a student?		
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)?		
Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?		
Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country; surrendered such a license or the right to apply for such a license; or had any other adverse action taken against such a license? <u>Please note:</u> This includes a reprimand, warning, or reproof and any order denying the right to apply or reapply for a license.		
Are you currently the subject of any review, inquiry, investigation, or appeal 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 personnel services, or other education-related license or certificate? <u>Please note:</u> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.		
Have you ever left any education- or school-related employment, voluntarily or involuntarily, under any of the following circumstances: (1) while the subject of a review, inquiry, investigation, or appeal of alleged misconduct; (2) when you had reason to believe a review, inquiry, investigation or appeal of alleged misconduct was under way or imminent; or (3) while any administrative or judicial proceeding involving and allegation of misconduct was pending, eligible for appeal, or under appeal? <u>Please note:</u> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.		

If you checked yes to any of these questions, please make an appointment immediately with Dr. Joan Johnson, Executive Director of Accreditation and Licensure, School of Education, Oliver Hall, Room 2090. jjohnson@vcu.edu

Permission to release confidential information:

I, _____ (print full name), am aware of and agree to the forwarding of my e-mail address, application, resume, transcripts, TB results (SC only), and background check payment (if applicable) for the purpose of securing an counselor education internship placement(s) in a university or school(s) in one or more of the following school division(s): Henrico, Chesterfield, Hanover or Richmond. I understand that I may also be required to sign a confidentiality agreement for one or more school divisions.

Student's Signature _____

Date _____

(ADVISOR'S SIGNATURE)

(DATE)

DO NOT WRITE BELOW THIS LINE - APPROVED SCHOOL DIVISION/POSTSECONDARY OFFICE USE ONLY

SITE SUPERVISOR/COUNSELOR

DATE

PRINCIPAL/DIRECTOR/DEAN

DATE

Return to: ATTN: DR. DONNA DOCKERY
 Physical Office: 4043G Oliver Hall
 Mailbox: 4064C Oliver Hall

VIA U.S. MAIL: VCU School of Education
 Counseling and Special Education
 1015 W. Main Street
 Richmond, Virginia 23284