Application for Doctoral Level Internship
COUN 868
Old Dominion University, Graduate Counseling Program
Submit this form to clinicalcoord@odu.edu NO LATER THAN
February 1st for Summer and Fall Semesters
August 1st for Spring Semester

<table>
<thead>
<tr>
<th>Student Name</th>
<th>UIN</th>
<th>ODU Email:</th>
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Semester & Year to take Internship:

Check the three competency areas in which you plan to complete your internship hours. You may focus on more than 3 areas during a semester with approval from your advisor, considering your ability to manage time and accomplish the requirements in each area.

☐ TEACHING
# of courses requested in the Counseling Program _____
Please list the top 3 graduate-level courses you would like to co-teach in the ODU Counseling program:
1. __________
2. __________
3. __________

Please list any preference in ODU Counseling faculty: ____________________________________________________________

If requesting to complete your co-teaching experience outside of the program or university, please list the information for the class (course number and title, university, co-instructor, and co-instructor’s credentials below.

Course: _________________________________________________________________________________________________

University: _____________________________________________________________________________________________

Co-Instructor: __________________________________________________________________________________________

License: (LPC, LCSW, etc.): ___________Highest graduate degree held (PhD, PsyD, etc.): ___________

☐ SUPERVISION of COUN 669 master’s students
# of supervisees requested _____

☐ CLINICAL
Briefly describe the clinical experience you expect to obtain:

Site: _________________________________________________________________________________________________

Site Supervisor: _________________________________________________________________________________________

License: (LPC, LCSW, etc.): ___________Highest graduate degree held (PhD, PsyD, etc.): ___________
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☐ COUNSELOR EDUCATION RELATED LEADERSHIP  
Briefly describe the leadership role and experience you expect to obtain:

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<th>Organization:</th>
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<tbody>
<tr>
<td>Individual Supervisor &amp; Role in Organization:</td>
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<tr>
<td>License: (LPC, LCSW, etc.):</td>
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<td>Highest graduate degree held (PhD, PsyD, etc.):</td>
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☐ COUNSELOR EDUCATION RELATED RESEARCH  
Briefly describe the research experience you expect to obtain:

| Title of Research Project: |  |
| Individual Supervisor & Role in Organization: |  |
| License: (LPC, LCSW, etc.): |  |
| Highest graduate degree held (PhD, PsyD, etc.): |  |

Student Signature: ___________________________ Date: __________

Advisor Signature: ___________________________ Date: __________

**REMINDERS:**

You are required to attend group supervision and individual supervision for each competency area on a weekly basis during each semester you are enrolled in internship.

Your internship must be approved by your advisor and Graduate Clinical Coordinator. You will receive an email from the Graduate Clinical Coordinator approximately 4 weeks after the application deadline that your application has been approved for you to register for COUN 868.