



Eligibility Verification for Clinical Mental Health Counseling and MCFC/T Internship

Name: _____

Date Attended Mandatory Meeting: _____

Semester you intend to start Internship: _____ UNC Email: _____

To be eligible for enrollment in the Clinical Mental Health Counseling (APCE 692) and or MCFC/T emphasis Internship (APCE 691) the following criteria must be met and verified. Check each of the following requirements that have been met, provide the requested information, and attach the appropriate documentation. Present all documentation and information to the Site Placement Coordinator at the Mandatory Internship Meeting or turn into the APCE Main Office.

1. Pre-requisites include the successful completion of:

- _____ APCE 607 Theories of Counseling semester taken _____
- _____ APCE 612 Practicum in Individual Counseling semester taken _____
- _____ APCE 619 Practicum II in Individual Counseling
(*Clinical Mental Health Counseling students only*) semester taken _____
- _____ APCE 558 Diagnosis and Treatment Planning semester taken _____
- _____ APCE 657 Legal and Ethical Aspects of Counseling and Psych semester taken _____
- _____ APCE 605 Group Lab Experience semester taken _____
- _____ APCE 662 Group Dynamics and Facilitation semester taken _____
- _____ APCE 661 Psychological Trauma and Intervention for
Individuals, Families and Communities semester taken _____
- (*NOTE: APCE 661 May be taken concurrently with first semester of Internship but must be
successfully completed by the end of the first semester*)
- _____ APCE 673 Appraisal & Assessment in Counseling semester taken _____
- _____ APCE 603 Understanding Children, Adolescents and Their Systems
(*if working with children or adolescents*) semester taken _____

Marriage Couples and Family Counseling/Therapy emphasis must have also completed:

- _____ APCE 665 Family Systems semester taken _____
- _____ APCE 669 Advanced Methods: Couples and Family Therapy semester taken _____
- _____ APCE 694 Practicum in Couples and Family Therapy semester taken _____

2. Proof of professional liability insurance (attach copy of insurance policy).

I have met the eligibility requirements for taking APCE 692 or 691.

Graduate Student Intern Signature: _____ Date: _____