



University of Northern Colorado
Professional Counseling
McKee Hall 248; Box 131
Greeley, Colorado 80639

INTERNSHIP AGREEMENT

This agreement is made on _____ by and between _____,
(date) (agency)

_____ and the Professional Counseling Program at the University of Northern
(Student Name)

Colorado. The agreement will be effective for a period from _____ to _____ for _____ hours a week.
(start of semester) (end of semester)

Purpose: The purpose of this agreement is to provide a qualified graduate student with an internship experience in the field of counseling.

The Professional Counseling Program agrees:

1. To assign a University Internship Supervisor to facilitate communication between the University and the internship site. This person will contact the Site Supervisor at the beginning of the academic semester to establish communication and review internship procedures;
2. To notify the Graduate Student Intern that they must adhere to the administrative policies, rules, standards, schedules, and practices of the internship site;
3. That the University Internship Supervisor will provide a minimum of 6 hours per month of group supervision in the form of internship class meetings;
4. That the University Internship Supervisor shall be available for consultation with both the Site Supervisor and Graduate Student Intern and shall be immediately contacted should there be any problem or change related to the student, site or University;
5. That the University Internship Supervisor, in consultation with the on-site supervisor, is responsible for the assignment of an internship final grade.

The Internship Site agrees:

1. To assign an internship on-site supervisor who has (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) relevant training in counseling supervision; and (5) has the time and interest in the supervision and training of the Graduate Student Intern;
2. To provide opportunities for the student to engage in a variety of counseling activities under supervision and be involved in the evaluation of the student performance (suggested counseling experiences included in the Internship Activities);

3. A UNC Graduate Student Intern cannot perform any direct client service without a licensed mental health provider present and accessible on-site. This includes but is not limited to providing after-hours services and/or in-home services. A Graduate Student Intern is not permitted to do home visits as part of their internship experience unless accompanied and assisted by a licensed mental health provider (LPC, LP, LCSW, LAC, LMFT, etc.).
4. To provide the student with adequate workspace, telephone, office supplies, and staff to conduct professional activities;
5. To provide supervisory contact for an average of 1 hour per week which involves some examination of student work using audio/visual tapes, observation, and supervision;
6. To provide written evaluation of the student based on criteria established by the Professional Counseling Program; and

The Graduate Student Intern agrees:

1. To act in a professional manner that is consistent with the ACA Code of Ethics and practice counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on the student's part will result in removal from the internship and a failing grade. Documentation of such behavior will become part of the Graduate Student Intern's permanent record;
2. To be responsible for being available to the Site Supervisor and the University Internship Supervisor for conferences (i.e., consultation, staffings, etc.), and to keep the University Internship Supervisor informed regarding the internship experiences;
3. To comply with the rules, policies, and regulations of the site, (i.e., staff development, working hours, schedules, etc); and
4. To complete all internship course requirements as required, and demonstrate the specified minimal level of counseling skill, knowledge, and competence in the various internship activities evaluated during the student's internship experience.

INTERNSHIP ACTIVITIES (Please check all that apply):

The internship requires that the graduate student counselor complete 600 clock hours. At least 240 hours (Clinical Mental Health) or 300 hours (MCFC/T) are to be spent in direct counseling activities (with a client), which include:

- ☐ 1. Individual Counseling/Psychotherapy: Personal/Social/Occupational
- ☐ 2. Group Counseling/Psychotherapy: Co-leading, Leading (Includes Psycho-educational)
- ☐ 3. Intake Counseling
- ☐ 4. Testing: Administration and Interpretation
- ☐ 5. Consultation (as a consultant)
- ☐ 6. Working with Children or Adolescents

☐ 7. Couples and Family Counseling (MCFC/T students only!)

A maximum of 300 hours may be spent on non-counseling activities, which include:

- ☐ 1. Supervision: Individual and Group
- ☐ 2. Program Administration/Org. Dev./Implementation/Evaluation
- ☐ 3. Case Conferences & Staff Meetings
- ☐ 4. Report Writing: Record Keeping, Treatment Plans, Treatment Summaries
- ☐ 5. Case management without the client present (DHS, school, probation contacts, etc.)
- ☐ 6. Other: Specify _____

* * * * *

TO BE COMPLETED BY GRADUATE STUDENT INTERN:

Name Student I.D.

Address City State Zip

UNC Email

Student Primary Telephone (inc. area code)

Graduate Student Intern Signature Date

If you are also employed elsewhere, please list place

TO BE COMPLETED BY INTERNSHIP SITE:

Within the specified time frame, _____ will be the primary internship
(Site Supervisor)
on-site supervisor. The **Internship Activities (checked)** will be provided for the graduate student intern in sufficient
amounts to allow an adequate evaluation of the student level of competence in each activity. We are required to
confirm the Site Supervisor's training in counseling supervision. Please provide the dates and a title of any workshops
attended or a brief description of the training for your most recent supervision training experience (in the last three
years). If you have not completed supervision training in the last three years, you will need to register and complete

UNC's online asynchronous Supervision course for one graduate credit during this contract period. This course is free of charge to site supervisors. Registration information will be shared with all Site Supervisors via email in the early part of the semester.

Clinical Supervisor Training(s)	Program Sponsor(s)	Date Completed	Contact Hours

Agency Director or Administrator (name/title)	Signature	Date
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On-site Supervisor (name/degree/license)	Signature	Date
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Agency address	City	State	Zip
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Site Supervisor Email

Site Supervisor and/or Internship Site Telephone
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TO BE COMPLETED BY UNC SITE PLACEMENT COORDINATOR:

Site Supervisor License Verification

Professional Counseling Program Coordinator Date

Site Placement Coordinator Date

Dean of the College of Education and Behavioral Sciences Date
(Signature indicates approval of internship site)

* * * * *

Additional site supervisor signatures will **ONLY** be added below at the end of each completed internship term (spring, summer, fall, winter interim) if the following criteria has been met:

1. The student has successfully completed the current term
2. The student will be continuing on at the site during the following academic term

Contracts must be resigned each academic term by the site supervisor, and electronically resubmitted to the university internship coordinator by the internship contract deadline, in order to release the student to continue their internship placement at the site.

Supervisor signature indicates that all parties agree to extending the contract for the time period noted.

The agreement will be effective for a period from _____ to
(start date of starting semester)

_____ for _____ per week.
(end date of ending semester) (# hours per week)

On-site Supervisor (name/degree/license) Signature Date

Supervisor signature indicates that all parties agree to extending the contract for the time period noted.

**The agreement will be effective for a period from _____ to
(start date of starting semester)**

**_____ for _____ per week.
(end date of ending semester) (# hours per week)**

**_____
On-site Supervisor (name/degree/license) Signature Date**

Supervisor signature indicates that all parties agree to extending the contract for the time period noted.

The agreement will be effective for a period from _____ to
(start date of starting semester)

_____ for _____ per week.
(end date of ending semester) (# hours per week)

On-site Supervisor (name/degree/license) Signature Date