

John Carroll University
Clinical Mental Health Counseling Program
PRACTICUM/INTERNSHIP REGISTRATION INTENT FORM
PAGE 1 OF 2

This form is to be completed and filed with the Clinical Coordinator no later than **October 1** for a Spring semester practicum/internship experience start, and no later than **March 1** for a Fall semester practicum/internship experience start.

Name: _____ Date: _____

<u>Course Work</u>	<u>Date</u>	<u>Grade</u>
Orientation to Comm. Counseling	CG 500	_____
Research Methods	CG 509/ED 502	_____
Group Dynamics, Proc., & Cnslng	CG 535	_____
Tests & Measurements	ED 530	_____
Counseling Theory	CG 561	_____
Counseling Techniques	CG 562	_____
Human Growth and Development	CG 505	_____
Diversity Issues in Counseling	CG 563	_____
Life-style/Career Development	CG 531	_____
Psychopathology	CG 570	_____
Evaluation of Mental/Emot. Status	CG 571	_____
Diagnosis of Mental/Emot. Disord.	CG 572	_____
Methods of Interv./Prev./Ethics	CG 573	_____
Treatment of Mental/Emot. Disord.	CG 574	_____
Electives	CG 580__	_____
	CG 580__	_____
	CG 580__	_____
Practicum	CG 592 (to be taken)	_____
Internship	CG 596 A (to be taken)	_____
	CG 596 B (to be taken)	_____

Comprehensive examination (date to be taken): _____
 (Must be taken prior to CG 596/Internship in Clinical Mental Health Counseling.)

Using the Practicum/Internship Site Directory of approved placement sites, please submit a brief list of sites that you plan to contact and pursue, regarding the practicum/internship experience.

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PAGE 2 OF 2

DEVELOPMENTAL STATEMENT

Please write a brief statement regarding your current assessment of your professional development as a counselor. What are your strengths and weaknesses? What are some areas you would like to focus on in the practicum/internship? What personal and professional goals do you have for this clinical experience?

STUDENT _____

FACULTY ADVISOR _____

DATE _____

Please return BOTH pages of this form to Rhonda Harrison, Clinical Coordinator Assistant, AD 315. Rhonda also maintains a mailbox within the Dept. of Education.