

Advanced Internship Agreement
Indiana University
Department of Counseling and Educational Psychology
Masters in Counseling and Counselor Education

This agreement is established between: (1) the Counseling and Counselor Education Program, School of Education, Indiana University (IU), (2) _____, a graduate student in said Program and (3) _____ the participating agency.

Participating Agency:

On behalf of the Agency, I indicate by my signature below that I have read the requirements for the advanced internship in counseling described in the attached guidelines and requirements document and that I have explained same to those persons in the Agency who will be involved in the conduct of the internship. Our questions about the internship requirements have been answered to our satisfaction and the Agency will abide by them when providing an internship to the above-named student. I understand that the Agency may replace the supervisor of record upon written notice to the Faculty Director of Field Placement of the Counseling and Counselor Education Program, School of Education, Indiana University. I understand that modifications to the internship requirements described in the attached document may be modified only after written agreement between this Agency, the intern, and the Counselor Education Program.

Intern:

By my signature below, I indicate that I have read and understand the advanced internship requirements described in the attached guidelines and requirements document. My questions about the internship requirements have been explained to my satisfaction and I agree to abide by same when performing an internship in the above-named Agency.

Counselor Education Program:

On behalf of the faculty of the Counseling and counselor education Program, School of Education, Indiana University, I have read and understand the advanced internship requirements described in the attached guidelines and requirements document and have explained them to those persons in the Program who will be involved in the conduct of the internship. Our questions have been answered to our satisfaction and we will abide by all previously referenced requirements and guidelines when providing an internship to the above named intern. Furthermore, we are in agreement with the arrangements the Agency has made with regard to the

substantive and procedural aspects of the internship and supervision, including the designation of a supervisor of record.

We agree to the terms set forth above and agree further that these may be modified only with the written consent of all parties.

Supervisor of Record _____ Date _____

Intern _____ Date _____

Field Placement Director _____ Date _____

Specific Terms of Internship:

1. The internship will commence on _____ and will be completed on _____.
2. The supervisor of record for the above-named intern will be (please print):

Supervisor Name and Title: _____

License Number: _____

Site Name: _____

Address: _____

Phone Number: _____ email: _____

If you have questions about this agreement or the internship guidelines please call Catherine Gray, Field Placement Director at 812-856-8547 or email me at catgray@indiana.edu. Thank you in advance for your contributions to the educational goals of our students.

Revised 9-10