



Clinical Mental Health Counseling

The Department of Human Relations

APPLICATION FOR NEW PRACTICUM/INTERNSHIP SITE APPROVAL

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NAME OF AGENCY: _____

PHYSICAL ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT PERSON: _____

BUSINESS PHONE NUMBER AND E-MAIL: _____

ALTERNATE PHONE NUMBER AND E-MAIL: _____

LICENSED ON-SITE PROFESSIONAL: _____

LICENSE TYPE AND NUMBER: _____

PHONE NUMBER AND E-MAIL: _____

TYPES OF SERVICES PROVIDED AT THE AGENCY:

DUTIES OF PRACTICUM STUDENTS/INTERNS:

PLEASE LIST COUNSELING DUTIES THAT WILL BE PERFORMED BY THE INTERN

DATES AVAILABLE FOR PRACTICUM/INTERNSHIP

PLEASE NOTE THE DATES PROVIDED BY OUR DEPARTMENT FOR EACH SEMESTER BELOW

SEMESTER: FA SP SU YEAR(S): _____

WILL YOU ALLOW FULL SEMESTER STUDENT COUNSELING? YES NO

DO YOU PREFER THE STUDENT LEARNER FOR TWO OR MORE CONSECUTIVE SEMESTERS? YES NO

NUMBER OF PRACTICUM STUDENTS/INTERNS PREFERRED EACH SEMESTER: _____

NUMBER OF PRACTICUM STUDENTS/INTERNS PREFERRED EACH ACADEMIC YEAR: _____

OTHER INFORMATION:
