



For Office Use Only Date Approved: _____ By Intern Coord: _____

NCCU Field Experience Site Survey

Name of Host Site: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Web Address: _____

Please Check Classification: School College/University Agency Hospital Private Practice

Services Provided within this setting: (Check all that apply)

- | | | | |
|---------------------------------------|-------------------------------------|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Individual | <input type="checkbox"/> Inpatient | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Family | <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Career Counseling |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Couples | <input type="checkbox"/> Substance Abuse | |
| <input type="checkbox"/> Geriatric | <input type="checkbox"/> Group | <input type="checkbox"/> Diagnosis | |
| <input type="checkbox"/> Other: _____ | | | |

Responsibilities of Practicum or Intern: _____

Supervisor Information (additional information may be requested):

Name: _____	Type of Degree: _____
Type of License: _____	University Granting Degree: _____
Years of Supervisor Experience: _____	Area of Discipline: _____
E-mail Address: _____	

Our site can support:	<input type="checkbox"/> Master's level intern
Semester(s) in which Intern is preferred?	<input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Spring
Length of Internship?	<input type="checkbox"/> One Semester <input type="checkbox"/> Two Semesters <input type="checkbox"/> No Preference
Length of Practicum?	<input type="checkbox"/> One Semester <input type="checkbox"/> Two Semesters <input type="checkbox"/> No Preference
Approximate number of Intern positions available:	Fall _____ Summer _____ Spring _____

Any additional qualities/requirements of an Intern as stipulated by Host Site: _____

In order for our program to meet CACREP requirements, we need to know if the Practicum or Intern will be able to meet the following requirements at your site:

- | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 100 clock hours (Practicum) of supervised experience during the semester |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 300 clock hours (Internship) of supervised experience during the semester. A minimum of 120 direct service and a minimum of 180 indirect service. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 600 clock hours (Internship) of supervised experience during the semester. A minimum of 240 direct service and a minimum of 360 indirect service. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Video and/or audio-taping of intern work for student educational/evaluative purposes to be used by university supervisor on NCCU campus, and host supervisor on-site |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Opportunity for the intern to participate in all aspects of work a counselor performs at this site (e.g., individual, group, family sessions; intake and assessments, clinical meetings; paperwork; insurance paperwork) |

Please Return to: NCCU Field Site Coordinator
 Dr. Taheera Blount
 tblount5@nccu.edu