



Department of Psychological Science and Counseling
Austin Peay State University
PO Box 4537
Clarksville, TN 37044
(931) 221-7233

Application for Mental Health Counseling Practicum/Internship

Due Dates:

Spring Term (October 15)

Summer Term (March 1)

Fall Term (April 15)

Semester Applying for: _____

Program Advisor: _____

Application Type (Circle): Practicum or Internship

Name: _____

A#: _____

Address: _____

City _____ Zip _____

Telephone: Day _____ Night _____ Emergency _____

Term Admitted to Program: _____

Hours Required for Program of Study: _____

Number of Hours Completed by the end of this semester: _____

Record Grade in Courses Below. Mark an "X" if currently enrolled:

Mental Health Counseling Required Courses (45 hours – excludes COUN 5720):

___ COUN 5000 Research Methods and Evaluation in Counseling (3)

___ COUN 5080 Diagnosis and Psychopathology (3)

___ COUN 5110 Lifespan Development (3)

___ COUN 5170 Practicum in Mental Health Counseling (3)

___ COUN 5180 Theory and Practice in Clinical Supervision (3)

___ COUN 5190 Psychological Assessment and Appraisal (3)

___ COUN 5200 Foundations of Clinical Mental Health Counseling (3)

___ COUN 5400 Theories of Counseling (3)

- ___ COUN 5410 Counseling Techniques (3)
- ___ COUN 5420 Advanced Counseling Techniques (3)
- ___ COUN 5430 Group Theories and Techniques (3)
- ___ COUN 5440 Counseling Diverse Populations (3)
- ___ COUN 5600 Theories and Counseling in Career Development (3)
- ___ COUN 5993 Addictions Counseling (3)
- ___ COUN 6010 Ethical, Legal and Professional Issues in Counseling (3)

Electives (Specify) – 9 credit hours required:

Have you met with your program advisor to discuss your readiness for practicum/internship? ___
Have you made a tentative selection of a placement? ___ If so, where? _____

TURN IN THE COMPLETED FORM TO DR. JESSICA FRIPP or VIA EMAIL (frippj@apsu.edu)

I, _____, received and reviewed a copy of the Clinical Mental Health Counseling Practicum/Internship Handbook, and my signature below affirms that I agree to follow the guidelines in the Handbook to the best of my ability. Should I encounter difficulty or have a concern related to these guidelines at any point in my practicum or internship work, I will immediately seek out a faculty advisor to assist in a timely resolution.

Student Signature _____ *A#* _____ *Date* _____