## Radford University: Department of Counselor Education Internship Part B: Clinical Site and Supervisor Selection

			n's Information	
Street City State Zip Phone (H): Phone (W): Email:				
Phone (H):				
Internship Site:		•		1
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Internship Site:				
Street City State Zip    Supervisor's Information:   Supervisor's Information:   Supervisor:   Phone:   Email:   Major:		Internsh	ip Site Information	
Supervisor's Information:  Supervisor:	Internship Site:			
Supervisor's Information:  Supervisor:	Address:			
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Supervisor:		Supervi	sor's Information:	
State:	Supervisor:	_		Email:
State: #   Professional Licensure:   Organization:   Organization:   Organization:   Professional Experience   Years:   Years:   Previous Position Title:   Years:   Years:   Years:   Previous Position Title:   Years:   Years:   Years:   Years:   Years:   Previous Position Title:   Years:   Yea				
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Current Position Title:	<b>Professional Experience</b>			
Supervision Contract  The faculty of Radford University's Counselor Education Department thanks you for agreeing to supervise our Internship student. To insure a complete understanding of the requirements of our program, please check that you have read and agree to the following:  I understand that this internship student requires 300 hours of work with 120 of those hours in direct client contact for this semester.  I agree to meet with this internship student for one hour per week for supervision.  I agree to participate in an RU faculty site visit.  I will complete the necessary student evaluations at mid-term and final  Signatures  (If this is the first time that you are supervising an RU Intern, please attach your current Resume.)	Current Position Title:			Years:
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	Student			