



Clinical Rehabilitation Counseling Assignment of Supervisor & Qualifications of Supervisor Form



Directions: **Please type or print CLEARLY** all requested information. This form is to be completed at or about the time the Clinical Rehabilitation Counseling Practicum Agreement Form or the Clinical Rehabilitation Counseling Internship Agreement Form is completed and the original submitted to the Clinical Rehabilitation Counseling Practicum and Internship Coordinator by May 1st for Practicums or Internships beginning in the Fall semester and December 1st for Practicum and any Internship changes in the Spring semester. NOTE: This form is not to be used twice – separate Assignment of Supervisor Forms is to be used for practicum and internship (even if the Counselor Trainee maintains the same supervisor for both practicum and internship).

Name of Counselor Trainee: _____

Agency / Site Name: _____

Assigned Supervisor Contact Information:

Name: _____ Title: _____

Phone #: _____ E-Mail: _____

Address: _____

LICENSURE INFORMATION

Type of License	State & Department Issuing Licensure	License # / ID & Expiration Date

CERTIFICATION INFORMATION

Type of Certification	State & Department Issuing Certification	Certification # / ID & Expiration Date

EDUCATIONAL / ACADEMIC INFORMATION

Highest Degree	Major / Program of

This Assignment of Supervisor Form being used for:

- Practicum: _____. This Practicum will extend for ____ hours a week for _____ weeks, totaling at least 100 clock hours of service, of which a minimum of 40 clock hours are devoted to direct, face-to-face service. Minimum face-to-face supervision hours to be provided each week =1 hour of individual supervision for every 8 work hours. The site supervisor will assume full and direct legal responsibility for all clients seen by the student intern.
- Internship: _____. This Internship will extend for ____ hours a week for _____ weeks, totaling at least 600 clock hours of service, of which a minimum of 240 clock hours are devoted to direct, face-to-face service. Minimum face-to-face supervision hours to be provided each week =1 hour of individual supervision for every 20 work hours. The site supervisor will assume full and direct legal responsibility for all clients seen by the student intern.

Agency Rep. Name (Printed): _____ Signed: _____ Date: ____/____/____

Agency Rep. Name (Printed): _____

CRC Practicum & Internship Coordinator: Signed: _____ Date: ____/____/____