

EDCS Internship Application Form

Please return form to Claude Bradford (slide under door of my office, EDUC 223) for EDCS 691(a,b,c)I, 692(a,b,c), 693(a,b,c), or 590. If filing for EDCS 691(a,b,c), also complete the Petition for Advancement to Candidacy and return it to Maria Delgado in office EDUC 235.

(a = student affairs, b = school/PPS, c = community)

Deadline: 5th Week of Class Prior to Internship Quarter

Today's Date: _____

Your Name: _____

Current Mailing Address: _____

City/State/ZIP: _____

Phone – Work: _____

Phone – Home: _____

Email : _____

(If more than one, which one you check most frequently and if, applicable, during the summer)

Your Concentration – Check One:

Student Affairs School Counseling/PPS Community

Graduate courses completed or that are in progress (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Cross Cultural Counseling | <input type="checkbox"/> Developmental Counseling –Children |
| <input type="checkbox"/> Legal and Ethical Issues | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> Introduction to Counseling | <input type="checkbox"/> Substance Abuse & Violence |
| <input type="checkbox"/> Techniques | <input type="checkbox"/> Group and Consultation |
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Human Communication |
| <input type="checkbox"/> Human Sexuality | <input type="checkbox"/> Family Counseling |
| <input type="checkbox"/> Counseling Theories | <input type="checkbox"/> Adult Development |
| <input type="checkbox"/> Practicum | <input type="checkbox"/> Other (Please list) _____ |

Course you wish to enroll in – Check One:

691 Internship I 692 Internship II 693 or 590 Internship III

Students may enroll in 691,692, or 693 only once. Thereafter enroll in 590 until the internship is completed.

(Continued on back)

Quarter Requesting Internship:

Fall Winter Spring Summer Year: _____

Previous Internship (If Any)

	<u>Site Name</u>	<u>Hours Completed as of Today</u>	<u>Total Hours Expected to Complete</u>
<u>1.</u>	_____	_____	_____
<u>2.</u>	_____	_____	_____
<u>3.</u>	_____	_____	_____
<u>4.</u>	_____	_____	_____

Do you have a preferred site for you next internship? Yes No

If yes, please indicate site name, site supervisor, and phone number: _____

For my next internship, I prefer a site at

Elementary Middle School High School College/Univ. Agency

Those students seeking the PPS credential need at least 200 hours each at two different levels of either elementary, middle, or high school.

INSURANCE (proof required at first class meeting of each quarter) – Check one:

I have insurance for the next internship from

ACA (www.counseling.org) ASCA (www.schoolcounselor.org)

I plan to obtain insurance for the next internship form either ACA or ASCA.

Other (Explain): _____

FINGERPRINTING (For K-12 Schools PPS only)

(Proof required at first meeting) – Check one:

I am an active teacher and hold a Certificate of Clearance (Bring copy of Credential).

I have already been fingerprinted and cleared (Bring copy of Certificate of Clearance).

I will obtain clearance by getting fingerprinted at the Kern County Supt. Of Schools Office or Kern County sheriff's Office (bring receipt).

Approved by _____

Date _____

Claude Bradford
Internship Coordinator