

LIBERTY UNIVERSITY PASTORAL COUNSELING INTERNSHIP SUPERVISOR & SITE INFORMATION FORM

This form must be completely filled out in order for the student's application to be reviewed by the internship office.

Student Name: _____ Student Number: _____

Site Name: _____

Site Address: _____

Site Director Name: Mr. Ms./Mrs. Dr. _____

Position (title) _____

Site Tel. #: _____ Site Director Email: _____

Supervisor Name: Mr. Ms./Mrs. Dr. _____

Position (title) _____

Supervisor Tel. # (work): _____ Supervisor Email: _____

Academic Background of Supervisor:

Degree	Major	Year Received	Educational Institution
Master's:			
Doctorate:			

Certification(s)/License(s) Currently Held by Supervisor:

Type	Number	State Where Valid

Please check all settings that apply to your site:

- Agency
- Church/Para-Church
- Hospital
- University counseling center
- In-home
- Non-profit
- Other: _____

Please check all services that apply to your site:

- Pastoral Counseling
- Discipleship/Lay Counseling
- Marriage & Family
- Child & Adolescent
- Individual
- Group
- Substance Abuse
- Rehabilitation
- Life Coaching
- Other: _____

Please list at least three examples of the weekly fieldwork duties that the student will be performing:

1. _____
2. _____
3. _____

Will the student be paid at this site? _____ If so, what are the conditions? _____

Site Director's Signature

Date

Supervisor's Signature

Date

Student's Signature

Date