



Department of Counselor Education
Application for School Counseling Internship Credential Program

Name: _____ Student ID: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Home) (Mobile) (Work)

Email: _____

INTERNSHIP PLACEMENT

School District: _____

School: _____

Address: _____

County: _____ Telephone: _____

Superintendent or Designee: _____
(Name) (Signature) (Date)

Field-Site School Administrator: _____
(Name) (Signature) (Date)

District Supervisor: _____
(Name) (Signature) (Date)

School Union Representative: _____
(Name) (Signature) (Date)

Intern Counselor: _____
(Name) (Signature) (Date)

Fieldwork Coordinator: _____
(Name) (Signature) (Date)

Official Start Date: _____ BSR Verification: _____

Table with 4 columns: Counselor Edu. Prerequisite Courses (or equivalent experience), Date Completed, Dated to be completed, Grade. Rows include EDCO215, EDCO218, EDCO232, EDCO244, EDCO, and EDCO.

Total units needed to be completed: _____

Date to be completed: _____