## MARIST DIRECTORY INFORMATION FORM: NY STATE PRACTICUM/INTERNSHIP SETTINGS

Dear Practicum/Internship Setting Representative,

Please review both pages of this form, and the Marist College MA CMHC Clinical Experience Handbook.

Complete and send this form to Michele Rivas, Ph.D., Clinical Experience Coordinator, by one of the methods below.

1. fax: (845) 575-3965
2. email: Michele.Rivas@marist.edu
3. mail: Marist College, School of SBS, 3399 North Road, Poughkeepsie, NY 12601-1387

Please check the box:

* On behalf of my agency, we would like to become a practicum/internship setting. Please add our updated information below to the listing of practicum/internship sites used by graduate counseling students.

Name of setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person students should contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone for contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address for contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Setting webpage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Population (e.g., children, adults, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of sites (e.g., residential, outpatient, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of counselor trainee duties (e.g., initial evaluation interviews, individual/group/couples/family counseling, crisis intervention, prevention workshops, outreach, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Verification of Authorization: The Setting is currently legally authorized by virtue of state license, operating certificate, or legal incorporation to provide professional mental health services by the (check all that apply):

\_\_\_\_\_\_ NYS Office of Mental Health \_\_\_\_\_\_ NYS Office Alcohol and Substance Abuse Services

\_\_\_\_\_\_ NYS Department of Health \_\_\_\_\_\_ NYS Office of Persons with Developmental Disabilities

\_\_\_\_\_\_ as a PLLC, LLC, or PC \_\_\_\_\_\_ by other legal authorization (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications of Supervisors that are available – licensed in NY as (check all that apply to available supervisors):

□Licensed Psychologist □LMHC □LCSW □Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time to drive to site from Marist (minutes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_