**Placement Site and Supervisor Information for Practicum/Internship**

**Counseling Program** - **Western Carolina University**

*Please send completed form to Denise Royer (droyer@wcu.edu)*

**Student Information**

Name:       92#:

Address:

Telephone:       Email:

Program:  Clinical Mental Health Counseling  School Counseling

Enrolled in:  Practicum,  Internship:  Fall  Spring, 20

Name of University Supervisor:

**Agency/School Information**

Name:

Address:

Telephone:

Services offered:

Types of clients served:

**Agency/School Supervisor Information**

Name:       Email:

Position title:

Degree(s) held (with areas indicated):

Counseling or counseling-related credentials held (licenses, certifications, etc.):

LPC – Licensed Professional Counselor

LCSW – Licensed Clinical Social Worker

K-12 School Counselor

Other

Years of experience in counseling, counseling-related, and/or counseling supervision positions: