

P & I Clinical Site Development Site Information Form

Instructions for the Site Representatives:

Please type your responses to the following questions in the fields provided. Use the tab key to move between fields. Please fax to (352) 846-2697 or mail to the following address: Kathleen M. Fallon, Ph.D., Clinical Coordinator; Department of Counselor Education; 1215 Norman Hall; POB 117046; Gainesville, FL 32611-7046. If you have questions, please contact Dr. Fallon at (352) 392-0731, Ext. 228 or kfallon@coe.ufl.edu.

| To form you have queenene, product or handr at (602) out of a fixed 220 or manor we obtained at | | | | | | | |
|---|------------------------|------------|-----------------|----------|--|--|--|
| Agency Demographic Information | | | | | | | |
| Agency Name | | | | | | | |
| Mailing Address | | | | | | | |
| City | Sta | ate | | Zip Code | | | |
| Physical Address | <u> </u> | | | | | | |
| City | State | | | Zip Code | | | |
| Directions to Site | <u>l</u> | | | | | | |
| | | | | | | | |
| Days and Times Facility is Open for Students to See Clients | | | | | | | |
| Phone | Fax | Fax | | | | | |
| Primary Site Host Demogra | phic Inforn | nation | - 1 | | | | |
| Name | | | | | | | |
| Job Title | | | | | | | |
| Highest Earned Degree | | | Profession | | | | |
| License No | e No SSN (Required for | | r Tuition Waive | er) | | | |
| University of Florida Employee Work Email | | Work Email | | | | | |
| Work Phone | | Work Fax | | | | | |

| Alternate Site Heat Demographic Information | | | | | | | | |
|--|-------------------------|-----------------------------------|------------------------------|--|--|--|--|--|
| Alternate Site Host Demographic Information | | | | | | | | |
| Name | | | | | | | | |
| Job Title | | | | | | | | |
| | | | | | | | | |
| Highest Earned Degree | | Profession | | | | | | |
| | | | | | | | | |
| License No | SSN (Required fo | SSN (Required for Tuition Waiver) | | | | | | |
| University of Florida Frances | Mark Empoil | | | | | | | |
| University of Florida Employee | WOIK EIIIali | Work Email | | | | | | |
| Work Phone | Work Fax | Work Fax | | | | | | |
| Weiker Heile | Work Fax | | | | | | | |
| Clinical Information | | | | | | | | |
| Please provide a brief description that | t would help introduce | your site to s | tudents. | | | | | |
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| | | | | | | | | |
| Select the appropriate level(s) of expe | | your cito | | | | | | |
| Select the appropriate lever(s) of expe | sherice for students at | your site. | | | | | | |
| | Practicum | Internship | | | | | | |
| Select the appropriate clinical special | ization(s) for students | at your site. | | | | | | |
| | | | | | | | | |
| Mental Health Counseling | Marriage & Family | | School Counseling & Guidance | | | | | |
| Identify any prerequisite coursework of | or clinical experiences | you require o | f students. | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Minimum semester commitment | | | | | | | | |
| willing semester communent | | | | | | | | |
| Maximum number of students per semester | | | | | | | | |
| maximam namber of stadents per semester | | | | | | | | |
| Identify and describe characteristics of population receiving services at your site | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Identify counseling modalities used at your site | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Identify and describe professional development opportunities available at your site. | | | | | | | | |
| | | | | | | | | |
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| Clinical Supervision, Observation, and Taping Opportunities | | | | | | | | | |
|--|---|--------|--|-----------|----------------|--|--|--|--|
| Select the clinical supervision opportunity(ies) that are available at your site. | | | | | | | | | |
| None | Individual Group | | | | | | | | |
| Students are required to tape their work for supervision. If taping is not possible at your site, students must be observed for the equivalent number of sessions. Is taping allowed at your site? Check all that apply. | | | | | | | | | |
| No | | ıdio | Yes-Video | | | | | | |
| Select all available recording equipment | | | | | | | | | |
| Audio | Video Students must provide own equipment | | | | | | | | |
| Select if observation of other available. | | Yes No | | | | | | | |
| Application Process | | | | | | | | | |
| | | | | | | | | | |
| Do you offer financial compensation to practicum and internship students? | | | | Yes | No Standing | | | | |
| Steps to becoming and maintaining an active clinical site with the Department of Counselor Education | | | | | | | | | |
| | Step | | | Completed | Date Completed | | | | |
| Complete and submit Site Info Host changes | ; | | | | | | | | |
| Submit current Resume or Curriculum Vita for each Site Host | | | | | | | | | |
| Schedule a Site Visit or telephone Site Visit annually with the Clinical Coordinator | | | | | | | | | |
| Current Site Information Form | | | | | | | | | |
| Form completed by | | | Date completed | | | | | | |
| Thank you for your interest in working with our Department and Students! Please print form and send to Clinical Coordinator. Questions? Contact Dr. Fallon at 352-392-0731, Ext. 228 or kfallon@coe.ufl.edu. | | | Dr. Kathleen M. Fallon Clinical Coordinator Department of Counselor Education 1215 Norman Hall POB 117046 Gainesville, FL 32611-7046 | | | | | | |

Leslie Frost, EdS, LMHC

Licensure: Florida Licensed Mental Health Counselor MH#2650

Education: 1988 Department of Counselor Education: University of Florida

Master of Education; Specialist in Education

Agency, Correctional, and Developmental Counseling

1980 School of Music: University of Northern Colorado

Bachelor of Music Education

Professional Experience:

June 2005 – Present

CDS Family and Behavioral Health Services, Inc.

Regional Coordinator

Administrative and Clinical oversight of Family Action Program and Drug-Free Community Support Program. Supervision of therapists, registered mental health counselor interns, and program support personnel; program development, community liaison work, budget monitoring and development, public speaking, contract compliance, hiring, training, and termination of employees, participation in Executive Management Team.

April 2000 - February 2005 Children's Home Society

Program Director — Mid Florida Division

Administrative and Clinical oversight of seven program sites including In-Home Family Support Services Program; Family Visitation Centers, Haven House Residential Girls Behavioral Health Overlay Home; Supervision of registered mental health counselor interns; program development; preparation of grant and funding proposals; public speaking and liaison with community agencies; budget development; contract compliance; hiring, discipline, and termination of employees; participation in Division Senior Management Team.

April 1996 - April 2000 Children's Home Society

Program Supervisor — Mid Florida Division

Clinical and Administrative Supervision of Family Builders Program, Intensive Crisis Counseling Program, and In-Home Parenting Programs; Case and Counselor supervision; paraprofessional supervision: volunteer recruitment and training: contract compliance: screening of referrals; assumption of direct service provision when necessary; liaison with community agencies; participation in Division management team.

July 1995 - December 1995

Counseling and Resource Center for Women & Families, Inc. Ocala, FL.

Executive Director

Counseling and psychotherapy for individuals, couples, and families; clinical and administrative supervision of counselors and student interns; supervision of office manager; program planning and development, fund development including preparation of funding proposals and contract negotiations; monitoring budget; consultation; community liason, reports to Agency Board of Directors.

December 1994 – July 1995 Marion-Citrus Mental Health Centers, Inc. Licensed Clinical Supervisor II Clinical and administrative supervision of Masters level outpatient therapists in Children and Family Services at Emerald Center; liaison with community agencies; coordination of programs; participation in management team.

November 1994 – 2001 Ocala and/or Gainesville, Florida **Private Practice**

Provision of mental health counseling to individuals, couples, and families including children, adolescents, and adults.

January 1992 – November 1994 Adult and Child Counseling Center Ocala, Florida **Private Practice**

Provision of counseling and psychotherapy to individuals, couples and families. Consultation and liaison with community agencies, marketing; clinical supervision; program development; and court testimony.

May 1988 - January 1992 Marion-Citrus Mental Health Centers, Inc. **Outpatient Therapist**

Therapy with children, adolescents and their families; individual, collateral couple, and family counseling; therapy for Employee Assistance clients; Emergency evaluation and crisis intervention, information and referral, assumption of supervisory responsibilities in supervisor's absence, consultation with community agencies, court testimony, clinical supervision of other outpatient therapists, group therapy with child victims of sexual abuse.

February 1987 – October 1987 Mental Health Services of North Central Florida, Inc. **Addictions Counselor**

Individual and group therapy with residential adolescent and adult substance abuse clients; counseling with couples and families of resident clients; leadership of group for family members of residential clients; evaluation; information and referral.

January 1986 – December 1986 Amette House **Shelter Worker**

Supervision and crisis intervention with runaway adolescents in shelter; consultation; liaison with community agencies.

May 1986 – August 1986 Rape Crisis/Spouse Abuse Center

Shelter Counselor

Crisis intervention with battered women and victims of sexual assault; individual and group counseling with women in shelter; supervision of women in shelter; consultation and liaison with community agencies; court advocacy.

August 1984 - August 1985 Marion County School Board, Vanguard High School Compensatory Education Teacher