**Counselor Education Program P & I Clinical Site Development Site Information Form**

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| **Instructions for the Site Representatives:**Please fill in, scan, and email to ceclinical@coe.ufl.edu or mail to the following address: Assistant Clinical Coordinator; Department of Counselor Education; 1215 Norman Hall; POB 117046; Gainesville, FL 32611-7046. If you have questions, please contact ceclinical@coe.ufl.edu or (352) 273-4332. |
| **Agency Demographic Information** |
| Agency Name |
| Mailing Address |
| City | State | Zip Code |
| Physical Address |
| City |  |  | State | Zip Code |  |  |
|  |  |
| Directions to Site |
| Days and times facility is open and supervisors available |
| Phone | Fax | Website |
| **Primary Site Supervisor Demographic Information** |
| Name |
| Job Title |
| Highest Earned Degree | Profession |
| License No | SSN (Required for Tuition Waiver) |
| University of Florida Employee | Work Email |
| Work Phone | Work Fax |
|  Brief Description Clinical Supervision Training/Workshop |

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| **Alternate Site Supervisor Demographic Information** |
| Name |
| Job Title |
| Highest Earned Degree | Profession |
| License No | SSN (Required for Tuition Waiver) |
| University of Florida Employee | Work Email |
| Work Phone | Work Fax |
| **Clinical Information** |
| Please provide a brief description that would help introduce your site to students. |
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| Select the appropriate level(s) of experience for students at your site. |
| Practicum | Internship |
| Select the appropriate clinical specialization(s) for students at your site. |
| Mental Health Counseling | Marriage & Family Counseling | School Counseling & Guidance |
| Identify any prerequisite coursework or clinical experiences you require of students. |
| Minimum semester commitment |
| Maximum number of students 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 must record their sessions for university supervision. Check all that apply. |
| No | Yes-Audio | Yes-Video |
| Select all available recording equipment |
| Audio | Video | Students must provide own equipment |
| Select if observation of other professionals in practice is available. | Yes | No |
| **Application Process** |
| Describe application instructions, including contact names and information. |
| Do you offer financial compensation to practicum and/orinternship students? |  |  | Yes |  |  | No |
| **Steps to becoming and maintaining an active clinical site with the Department of Counselor Education** |
| Step | Completed | Date Completed |
| Complete and submit Site Information Form annually or whenever Site Supervisor changes |  |  |
| Submit current Resume or Curriculum Vita for each Site Supervisor |  |  |
| 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 Program and Students! Please print form and scan a completed copy to Assistant Clinical Coordinator. Questions? Contact us at or ceclinical@coe.ufl.edu. | Assistant Clinical Coordinator Counselor Education Program POB 117046Gainesville, FL 32611-7046 |