**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](mailto:ceclinical@coe.ufl.edu,%20) 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](mailto: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. | | | | | |
|  |  | | | | |
| 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/or  internship 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.](mailto:ceclinical@coe.ufl.edu) | | | | Assistant Clinical Coordinator Counselor Education Program  POB 117046  Gainesville, FL 32611-7046 | | | | | | | |