

COMPLETE BOTH SIDES OF THIS APPLICATION

CEPD 6189 Community Counseling PRACTICUM SITE SELECTION

DIRECTIONS: Please type or print all requested information. *Be sure all names are correctly spelled. Give complete and accurate address and communications information.*

YOUR NAME _____

CHECK ONE: ___ 48 Sem Hr Program (150 Practicum Hours)
 ___ EdS Program (150 Practicum Hours)

PRACTICUM SITE INFORMATION

NAME OF ORGANIZATION _____

ADDRESS _____

City	County	State	Zip code
------	--------	-------	----------

PHONE(____) _____ FAX(____) _____

SITE SUPERVISOR INFORMATION

NAME & TITLE _____

HIGHEST DEGREE ___EdD___PhD ___EdS___MS ___MEd ___MA Other _____

CREDENTIALS LPC# _____ NCC# _____ Other _____

PHONE(____) _____ EMAIL _____

Your anticipated schedule at your placement site (days & times) and other relevant information

**Return all
completed
forms to:**

Counseling & Educational Psychology Department
Attention: Community Counseling Practicum
University of West Georgia
Carrollton, GA 30118-5170
FAX 678-839-6099 (call 678-839-6554 to verify receipt of fax)