CPS Internship

APPLICATION

Social Work

# Counseling and Psychological Services

Hudson Health Center, 3rd Floor

Ohio University

2021-2022

APPLICATION

**Internship**

Counseling and Psychological Services

We are pleased that you are considering a Social Work Internship at Counseling and Psychological Services (CPS). The following information may be of assistance to you in your consideration of CPS:

1. You must have completed an introductory course or its equivalent in interviewing skills before beginning your CPS placement. Please identify your relevant course work including number of credit hours taken, and prior experience in interviewing.
2. You must have completed an introductory course or its equivalent in diagnosis prior to a CPS placement. Please identify your relevant course work including number of credit hours taken, as well as your prior experience in diagnosis.
3. CPS placements are for a full academic year, starting during Fall Semester. Social Work interns are expected to be on site for 20 hours per week in Fall and 20 hours per week in Spring.
4. All students will need to participate in a 2 hour, once a week Graduate Professional Seminar (GPS) seminar/group supervision as part of their placement. These will most likely to be held on Wednesday mornings. Please contact the Social Work representative at CPS, Rinda Scoggan, 740 593-1616 or [scoggan@ohio.edu](mailto:scoggan@ohio.edu) for details.
5. In compliance with university standards, an iBT no less than one year old, with an overall minimum of 80, and a speaking portion score of 24-30 OR a SPEAK test score of 230 or above.

A placement at CPS includes seeing Ohio University student clients from a variety of backgrounds and with a variety of concerns. Clients are seen in individual and occasionally, couples counseling. The opportunity to participate in emergency work and/or co-facilitate a group is available. Outreach Counseling Center experience is included as part of your traineeship. We at CPS believe that training future practitioners is part of our mission and therefore encourage you to participate in whatever activities we are engaged and which meet your own interests and/or career plans. We provide two hours of weekly one to one supervision per trainee. We also provide trainees with two hours of weekly group supervision and continuing education through our Graduate Professional Seminar.

Candidates for placement at CPS should complete this application packet and ***return*** it ATT: Rinda Scoggan, LPCC-S, ***to the Front Desk staff*** on the *third floor* of ***Hudson Health Center***. Additional packets can be obtained at CPS or by e-mailing Rinda Scoggan. Your application should include the application form, permission from your department to apply, the academic worksheet, a Vita, two letters of reference (with one preferably from someone familiar with your clinical skills), and an unofficial transcript. You may include any other material that you think may assist us in considering your application. If you meet the basic criteria for placement, you will be asked to interview with one or more CPS staff. Unfortunately, the number of students we can accommodate is limited and varies from year to year.Applications will be reviewed and candidates interviewed on a first come basis until our available placement slots are filled.

If you have any questions please contact Rinda Scoggan, LPCC-S at 740 593-1616. The staff at Counseling and Psychological Services wishes you the very best in your chosen profession.

Thank you for your interest in CPS

**Application**

**Social Work Intern**

**Counseling and Psychological Services**

**Ohio University**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address: \_\_\_\_\_\_\_\_\_\_\_ Local or Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree Sought:

Permanent Address:\_\_\_\_\_\_\_\_\_ Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [E-mail\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](mailto:E-mail_kp100411@ohio.edu_______)

Please provide the names of two professionals who are familiar with your work, one of whom must be an OU Social Work Department Faculty member:

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:

2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_

Do we have your permission to contact other faculty members as well?

Yes\_\_\_\_\_\_No\_\_\_\_\_\_\_\_ If no please explain:

Please respond to the following questions **on a separate sheet**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why would you like a placement at Counseling and Psychological Services (CPS)?

2. Please describe past experiences, excluding coursework, relevant to a placement at CPS.

Your application should include the application form, permission from your department to apply, the academic worksheet, a Vita, two letters of reference (with one preferably from someone familiar with your clinical work), and an unofficial transcript. You may include any other material that you think may assist us in considering your application. Unless indicated otherwise your application submission indicates your willingness to allow CPS reviewers to discuss your application with Social Work Department Faculty.

**Social Work Intern**

**Application**

**Counseling and Psychological Services**

**Ohio University**

**Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please print

has my permission to apply to Ohio University Counseling and Psychological Services (CPS), 3rd Floor, Hudson Health Center as a potential internship site for a placement which would begin, Fall 2021.

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_**

**Advisor Program Director**

Please circle one

This form must be signed by either your advisor or the program director before submitting your completed application. Thank you.**Academic Experience Worksheet**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required for placement at CPS:

Course Number Course Title Date Taken/Plan

to take

SW 5273 Mental Health and Social Work \_\_\_\_\_\_\_\_\_

SW 5701 HBSE I \_\_\_\_\_\_\_\_\_

SW 5702 HBSE II \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended:

Course Number Course Title Date Taken Date Or Equivalent Planned to Take

SW 5263 Chemical Dependency \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

SW 5801 Foundation Practice I \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

SW 5802 Foundation Practice II \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional Listing of Other Courses Relevant to Placement at CPS:

Course Number Course Title Date Taken