**CLINICAL COUNSELING GRADUATE ASSISTANTSHIP  
JOB DESCRIPTION**

**Position Title:** Graduate Student Clinical Counselor (Two Positions)

**University Department:** Counseling and Psychological Services (CPS)

**Stipend:** $15,000.00 (tuition waiver provided by student’s Academic Department)

**Position Description:**  
CPS currently has two-20 hours per week positions open for a Graduate Student Clinical Counselor. Both positions are one (1) academic year. Appointments will begin August 2019 and conclude in May 2020.

Responsibilities and essential functions for this Graduate Student Counselor position are to:

* Provide culturally sensitive, individual, group, and crisis counseling services to Ohio University students
* Cover one 4-hour shift of drop-in/crisis services
* Provide some after hours, evenings, and weekend outreach programming to the campus community
* Participate in training activities as they relate to professional and clinical interests
* Attend supervision sessions
* Complete documentation of clinical services in a timely manner
* Follow all relevant CPS, DOSA, and University Policies
* Follow all relevant ethical guidelines and Ohio Laws related to the provision of therapy

**Qualifications**

* Third year or more Doctoral student in Clinical Psychology.
* Doctoral Student in Counselor Education (Counselor Education Doctoral students must have earned a master’s in counseling)
* Successful completion of all prior practicum/traineeship and/or internship hours
* In compliance with university standards, an iBT no less than 1 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, if applicable
* Experience working as a trainee at CPS is preferred
* Experience working with traditional and non-traditional college students in a clinical setting doing psychotherapy is strongly preferred
* Strong clinical, collaborative, and interpersonal skills
* Strong written and verbal communication skills
* Commitment to working with diverse student populations in an affirming environment
* Commitment and openness to receiving supervision
* Have reliable transportation

**To Apply**

Please submit the following information to Rinda Scoggan,M.Ed, PCC-S. at [scoggan@ohio.edu](mailto:scoggan@ohio.edu) or to her mailbox on the 3rd floor of Hudson Health Center:

* A cover letter expressing your interest in the Clinical Counseling Graduate Student Assistantship
* A copy of your vitae or resume
* A copy of your transcripts (may be unofficial)
* Two reference letters, at least one from someone who can speak to your clinical skills

**Deadline for submission of application materials:** Friday March 18th, 2019 by 5:00pm

**Interviews:** TBD

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNSELING AND PSYCHOLOGICAL SERVICES**

**CLINICAL COUNSELING GRADUATE ASSISTANTSHIP**

**APPLICATION**

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

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Local address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous educational experience (Educational Institution, major/degree, specializations, thesis topics):

Bachelor’s Degree Master’s Degree Current Degree/Academic Program

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**COUNSELING AND PSYCHOLOGICAL SERVICES**

**CLINICAL COUNSELING GRADUATE ASSISTANTSHIP**

**APPLICANT PERMISSION**

Your application must include this endorsement from your Advisor or Program Director.

NAME (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has my permission to apply to Ohio University Counseling and Psychological Services (CPS), 3rd Floor, Hudson Health Center, for a Graduate Assistantship as a Clinical Counselor. This placement would begin Fall Semester 2018.

Please check one:

Advisor  Program Director

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_