



Clinical Mental Health & School Counseling Programs

## New Site Approval Request Form

Counselor-in-Training Name: \_\_\_\_\_

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

### SITE INFORMATION

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

SUPERVISOR INFORMATION (please attach a copy of supervisor's resume/vita to this form)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Degree(s) [e.g., M.A. School Counseling, 2000, University of Northern Colorado]:

\_\_\_\_\_

\_\_\_\_\_

License/Credentials: \_\_\_\_\_

Years of experience as a School Counselor or Clinical Mental Health Counselor: \_\_\_\_\_

Number of Years at Current Position: \_\_\_\_\_ (If less than 2 years at current position, briefly describe previous experience on the lines provided below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_