Northeastern State University
Clinical Mental Health Counseling Program
STUDENT/INTERNSHIP AGREEMENT

Directions: Student is to complete this form and submit a copy of this agreement to the University Internship Coordinator.

1. I hereby attest that I have read and understood the American Psychological Association and the American Counseling Association ethical standards And will practice my counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from internship and a failing grade, and documentation of such behavior will become part of my permanent record.

2. I Agree to adhere to the administrative policies, rules standards, and practice of the Internship site as well as NSU policy(s), NSU Code of Conduct, and local, state and federal law.

3. I understand that my responsibilities include keeping my practicum/internship Supervisor(s) informed regarding my Internship experiences.

4. I understand that I must maintain my professional liability insurance during the time of my Internship.

5. I understand that I will not be issued a passing grade in the Internship unless I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required hours.

I intend to complete an internship of _____ hours.
(600)

Student Signature:_____

Date:_____

Contact Information (phone and email):_____

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