



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)
