



DEPAUL UNIVERSITY

*School of Education
Human Services and Counseling Program
Clinical Placement Site Verification Form*

Dear Colleague:

Welcome to the Human Services and Counseling Program! We are grateful for your willingness to work with us and our students.

The excellence of the Human Services and Counseling Program depends on the quality of clinical experiences provided by institutions such as yours. It is our sincere hope that working together will be mutually beneficial for all of us.

Please complete and return this form to the DePaul University student who will be completing his or her practicum and internship at your institution. This information helps us to communicate and work effectively with you and your institution. It will also assist us in keeping the necessary data for our accrediting agencies. Thank you.

**Dr. Darrick Tovar-Murray and Dr. Joy S. Whitman
Clinical Co-Directors
Human Services and Counseling**

DePaul University Student Information

Name of DePaul student: _____

Student ID: _____

Site Information

Name of School: _____

School Address: _____

Site Supervisor Information

Name of Site Supervisor: _____

Level of Education (degrees earned):

- | <i>College/University</i> | <i>Subject</i> |
|--|----------------|
| <input type="checkbox"/> Bachelor's in _____ | from _____ |
| <input type="checkbox"/> Master's in _____ | from _____ |
| <input type="checkbox"/> Ph.D. in _____ | from _____ |

Please list ALL valid certificates & licensures held:

Certificate Number	Initial or Standard	Type	Expiration Date
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Signature of Site Supervisor: _____

Title: _____ Date