**DUE DATE: JUNE 1, 2014 by 5pm**

**College of Education**

**Counseling (CSL) Program**

**Professional Practice Site Verification and MOU Agreement**



Interns, type in all necessary information, obtain an original signature from your supervisor then upload as a scanned pdf or jpeg to the D2L Professional Practice Repository by the deadline along with proof of insurance.

**STEP 1: INTERN INFORMATION**

Full Name:       DePaul ID:

Address:       City/State/Zip:

Preferred Email:       Preferred Phone:

***\*****Update any changes to your address, telephone numbers, or email addresses in DePaul’s Campus Connect. This contact information will be used to provide you updates on Professional Practice news.*

CSL Primary Concentration: [ ]  CSD [ ]  CC [ ]  SC

**STEP 2: SITE INFORMATION**

Site Name:

Address:       City/State/Zip:

Site Supervisor’s Full Name:

Preferred Email:       Preferred Phone:

**STEP 3: SITE SUPERVISOR’S CREDENTIALS**

Site supervisors must list ALL valid certificates & licensures held. NOTE: School Counseling supervisors must have a Type 73 School Counseling certificate or Professional Educator License (PEL) with school counseling endorsement and at least *three* years of school counseling experience.

Highest Degree of Education:

|  |  |  |  |
| --- | --- | --- | --- |
| Certificate/License Number | Initial or Standard | Type or Area | Expiration Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**STEP 4: AGREEMENT TO MOU**

Supervisor’s Signature: Date Signed:

[ ]  I have read, understand and agree to the terms of the DePaul Counseling Program Memo of Understanding.

Student’s Signature: Date Signed:

[ ]  I have read, understand and agree to the terms of the DePaul Counseling Program Memo of Understanding.

College of Education designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signed:

[ ]  I have read, understand and agree to the terms of the DePaul Counseling Program Memo of Understanding.