UVM COUNSELING PROGRAM

Practicum/Internship Field Site Information Form

SITE INFORMATION								
Name of Agency/School	l: Integrative Family Medicine							
Physical Address: 156 N	Nain St, Montpelier VT 05601							
Website: Integrative Fa	mily Medicine - CVMC							
Phone Number: 802-22								
Fax Number: Enter fax	number							
Type of School:	☐ Elementary	Type of Agency:	☐ Community Counseling					
,,	☐ Middle	,, ,	☐ College Counseling					
	☐ Secondary		☐ Alcohol/Drug Counseling					
	☐ Public or ☐ Private							
			☐ Other: Enter information					
Agency Administrator/9	School Principal: Emily Byrne		- other information					
Phone Number: 802-22								
Email Address: Emily.byrne@cvmc.org								
Liliali Addiess. Lililiy.by	ATTIE GEVITIC. OF B							
Contact Person: Dan M	itchell							
Phone Number: 802-22								
Email Address: Daniel.mitchell@cvmc.org								
Linaii Addi C33. Danici.i	mtenen@evme.org							
	SHIP EXPERIENCE INFORMATION							
PRACTICUIVI/INTERINS	THE EXPERIENCE INFORMATION							
Fan K 42 ask ask sites an			Α.					
	nly, are you available to host a studer							
☐ Practicum (approx.	4-5 hrs per week, Spring only)		ox. 20-24 hrs/week across year)*					
*Note: For clinical mental health sites, it will be assumed that this form is being completed as an internship site								
Despensibilities of a pro	acticum or interachin student (places	difforantiata internahia (s procticum recognicibilities).					
	acticum or internship student (please es a practicum/internship student would be e.							
you serve)	s a practicum/internsinp stadent would be e.	xpected to assume in your school	or, agency and identify them population(s)					
Click or tap here to ent	er text.							
•	vidual counseling with medical patier	nts of this practice, using a	short term trauma-informed					
•	or group counseling is also an option.	•						
•	An important part of this internship	•						
in an ongoing, team-or		one is some as to comme	orace many care providers					
Please check which of t	he following activities the practicum	/internship student would	d participate in:					
☐ Classroom guidance	□ Family/couples counseling	•	punseling - college age					
⊠ Group counseling	☑ Individual counseling - children	n 🗵 Individual co	ounseling - adults					
□ Consultation	☑ Individual counseling - adolesc	ent \square Other (pleas	se specify): Click or tap here to enter text.					
SITE SUPERVISOR INF	ORMATION							
Check one:		If there is a second sup	If there is a second supervisor, check one:					
☐ Licensed Men	tal Health Counselor	☐ Licensed Mental He	☐ Licensed Mental Health Counselor					
☐ Licensed Scho	ool Counselor	☐ Licensed School Cou	☐ Licensed School Counselor					
□ Psychologist		☐ Psychologist	☐ Psychologist					
☐ Social Worker		☐ Social Worker	• -					
☐ Certified Drug	g and Alcohol Counselor	\square Certified Drug and A	\square Certified Drug and Alcohol Counselor					
☐ Psychiatrist		☐ Psychiatrist						

Name of Site Supervisor: Dan Mitchell

Graduate Degree(s) and Licenses Held: PhD Counseling Psychology and Med in School Counseling

Position Title: Clinical Psychologist

Years of Experience in the Field *Post-Licensure*: 17 years

Name of Second Site Supervisor: Enter name

Graduate Degree(s) and Licenses Held: Enter information

Internship Provides Stipend: \square Yes \boxtimes No \square Possibly

Position Title: Enter position title

Years of Experience in the Field *Post-Licensure*: Enter # of Years

APPLICATION INFORMATION Internship Application Deadline: February 1 Internship Application Materials Required:	☑ Cover Letter☑ Interview Red		⊠ Resume □ Other: Click	☐ Site Application or tap here to enter text.	
Site Is Available for the Following Semester(s): (Only two semesters of internship are required)		⊠ Sprin	g 🗵 Sum	nmer	

Other Relevant Application Information:

This is an integrated primary care/behavioral health internship site and is most appropriate for those hoping to working within a healthcare model (as opposed to private practice, school-based or community mental health). Chosen candidate will need to go through HR processes, including orientation, giving up to date information on vaccination history and getting appropriate vaccinations prior to start date. Contact should be made at least 3-4 months prior to start date.

Where (to whom) to submit materials: Integrated Family Medicine- Montpelier

Point of Contact Name: Dan Mitchell Email/Website: Daniel.Mitchell@cvmc.org

FORM COMPLETED BY

Name: Dan Mitchell

For office use only:

Date received/updated by the UVM Counseling Program November 2021