## **UVM COUNSELING PROGRAM**

## Practicum/Internship Field Site Information Form

SITE INFORMATION					
Name of Agency/School:	Lamoille County I	Mental Health Service	es		
Physical Address: 72 Harr	rel Street Morrisvi	lle, VT 05661			
Website: Lamoille County		<u>ervices</u>			
Phone Number: 802-888					
Fax Number: 802-888-63					_
• •	☐ Elementary		Type of Agency:		☐ Community Counseling
	<ul><li>☐ Middle</li><li>☐ Secondary</li></ul>				☐ College Counseling
	□ Public or □ Private				<ul><li>☐ Alcohol/Drug Counseling</li><li>☐ Integrated Health/MH</li></ul>
L	_ Public Of _ Priva	ite			☐ Other: <b>Enter information</b>
Contact Person: Miranda	Young				other. Enter information
Phone Number: 802-888	•				
Email Address: miranda.y		rg			
PRACTICUM/INTERNSH	IIP EXPERIENCE I	NFORMATION			
•					
For K-12 school sites only	, are you availabl	e to host a student fo	or (check all that	apply):	
☐ Practicum (approx. 4-5 h	ırs per week, Spring	only)	Internship (appro	ox. 20-24 h	nrs/week across year)*
* <u>Note</u> : For clinical menta	l health sites, it w	ill be assumed that tl	his form is being	complete	ed as an internship site
Places shock the following	na nonulation(s) th	nat vour organization	. convoc:		
Please check the following	ig population(s) tr	iat your organization	i serves.		
	cents $\square$	College Age	☐ Adults	☐ Other	r (please specify): Click or tap here to
Decreasibilities of practic	oum linternahin at	udosti			
Responsibilities of practic (Briefly list expectations and responsible)			e identify any unique cli	ient populati	ion(s) you serve – i.e., trauma, substance
abuse, etc.)					
_		family therapy sessi			
			ith clients as we	II as writi	ing plans of care and
•	CANS assessment.			,	
		er clinicians, supervi			
Many of our clie     suicidal ideation	•	mplex trauma, train	ing may also incl	lude wor	k with clients who have active
Please check which of the percentage:	e following activit	ies the practicum/int	ernship student	would pa	articipate in and indicate a
percentage.					
<u>*Note</u> : Individual counsel	ling and a minimu	m of 20 hours of gro	up counseling are	e require	d for all internship sites.
☐ Individual Counseling: <b>70</b> %		Classroom Guidance/Inst	truction: Enter %		☐ Assessment: <b>10</b> %
☐ Group Counseling: <b>10</b> %		o(s) Facilitation: <b>Enter %</b>		☐ Intake	
☐ Family/Couples Counseling:	5 %	Consultation: Enter %			☐ Case Management: <b>25</b> %
☐ Other (please specify & incl	ude percentage): <b>Clic</b> l	or tap here to enter tex	t.		

Name of Site Supervisor(s): Miranda Young

Graduate Degree(s) and Licenses Held: MS in Clinical Mental Health Counseling; Licensed Clinical Mental Health

Counselor

Position Title: Clinical Outpatient Services Director Field Discipline (CMH, SW, Psychologist, SC, SAP): CMHC

Years in Field Post Licensure: 5 years post license

Date received/updated by the UVM Counseling Program 11/1/2021

APPLICATION INFORMATION									
Internship Application Deadline: <b>none</b> Internship Application Materials Required:	<ul><li>☑ Cover Letter</li><li>☐ Other: Click or</li></ul>		esume nter text.	☐ Site Application					
Open House/Information Session? $\square$ Yes	⊠ No								
If yes, please provide more information: Click or tap here to enter text.									
Site Is Available for the Following Semester(s): $\boxtimes$ Fall $\boxtimes$ Spring $\boxtimes$ Summer									
Internship Site Provides Compensation/Stipend: $\square$ Yes $\boxtimes$ No $\square$ Possibly									
Other Relevant Application Information: Click or tap here to enter text.									
Where (to whom) to submit materials: Miranda Young at miranda.young@lamoille.org									
FORM COMPLETED BY									
Name: Miranda Young									
For office use only:									