## **UVM COUNSELING PROGRAM**

## Practicum/Internship Field Site Information Form

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SITE INFORMATION			
Name of Agency/School	: Northwestern Counseling & Support	Services	
Physical Address: 107 Fi	sher Pond Road, St. Albans, VT 05478		
Website: Northwestern	Counseling and Support Services		
Phone Number: 802-52	4-6554		
Fax Number: 802-527-2	032		
Type of School:	☐ Elementary	Type of Agency:	□ Community Counseling
	☐ Middle		□ College Counseling
	☐ Secondary		☐ Alcohol/Drug Counseling
	☐ Public or ☐ Private		$\square$ Other:
Agency Administrator/S Phone Number: 802-39 Email Address: <u>sbroer@</u>		ector of Behavioral He	alth Services (BH)
Agency Administrator/S Phone Number: Enter p Email Address: Enter en		nell, MSW, Director of	Children, Youth & Families (CYF)
Agency Administrator/S Phone Number: Enter p Email Address: Enter en		A, Director of Develop	mental Services (DS)
Contact Person: CYF-Bel	inda Bessette/BH- Lisa Briggs/DS- Amb	er Shaeffler	
Phone Number: 802-39	3-6587 /802-393-6436/802-393-6641		
Email Address: bbessett	re@ncssinc.org / Lisa.briggs@ncssinc.o	org / Amber.shaeffler@	Incssinc.org
INTERNSHIP EXPERIEN	ICE INFORMATION		
Responsibilities of a pra	cticum/internship student:		
(Briefly list the responsibilities a	oracticum/internship student would be expected to a		nd identify client population(s) you serve)
	ng & Support Services has three service		
=	rvices: includes outpatient counseling	•	• • • •
•	litation & Treatment (CRT) (serving add		
	family Services: clinical and therapeutions: Opportunities to provide clinical co		
seniors.			
Typical Internship Activi	ties		
•	ly & group counseling		
	g (in the Behavioral Health Services Div	vision)	
	viewing and assessment		
Case management			
Client population	on and types of presenting issues varies	s across divisions	
	ne following activities the practicum/ir	iternship student woul	d participate in: Activities vary
depending on specific p	rogram  ☑ Family/couples counseling	ا منامان المان الماما	ounseling - college age
<ul><li>☐ Classroom guidance</li><li>☐ Group counseling</li></ul>			ounseling - college age ounseling - adults

oxtimes Individual counseling - adolescent

☑ Other (please specify): Crisis Counseling

 $\ \square \ Consultation$ 

SITE SUPERVISOR INFORMATION (List of providers p	ootentially available for supervision based on rotation)		
Check one:	If there is a second supervisor, check one:  Licensed Mental Health Counselor  Licensed School Counselor  Psychologist  Social Worker  Certified Drug and Alcohol Counselor		
□ Licensed Mental Health Counselor			
☐ Licensed School Counselor			
□ Psychologist			
⊠ Social Worker			
Certified Drug and Alcohol Counselor			
□ Psychiatrist	☐ Psychiatrist		
Name of Site Supervisor:			
Graduate Degree(s) and Licenses Held:			
Position Title:			
Name of Second Site Supervisor:			
Graduate Degree(s) and Licenses Held:			
Position Title:			
APPLICATION INFORMATION			
Internship Application Deadline: Prior to January Prefer	red		
	er Letter 🔻 Resume 🖂 Site Application		
☐ Other	• •		
Site Is Available for the Following Semester(s): $\Box$ Fall	☐ Spring ☐ Summer ☒ Academic Year		
Other Relevant Application Information:			
Application Process:			
Send resume/CV, letter of interest*, and application to	HR via one of the following:		
<ul><li>careers@ncssinc.org</li></ul>	•		
<ul> <li>Mail to: 107 Fisher Pond Rd., St. Albans, VT 054</li> </ul>	78		
• Fax to: 802-527-2032			
*Letter of interest should include: internship requiremen	its and supervision expectations		
To access the internship application and brochure, go to	the Internship page.		
Where (to whom) to submit materials: See above in App	Diffication Process		
FORM COMPLETED BY			
Name: Liana Redmond			
For office use only:			
Date received/updated by the UVM Counseling Program 2021 edi	ts from Steve – LR		