



Educational Counseling Program

Fieldwork Internship Program Application

Part II - Initiated After a Job Offer

Date Submitted: _____ Student ID: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

Zip Code: _____ Cell Phone: _____

La Verne Email: _____

Campus: _____ Cohort (if applicable): _____

School District: _____

School Site: _____ Anticipated Start Date: _____

Address: _____

IMPORTANT: All correspondence will be sent to your University of La Verne email account.

Internship Application **PART II** plus the following items:

_____ Enrollment in Fieldwork
University Faculty Supervisor: _____

_____ A copy of your professional liability insurance policy

_____ A copy of your professional organization membership.

_____ A copy of the offer letter for employment from a school district indicating
intent to hire you as an intern

*All applications must be submitted to the Fieldwork Director. The Internship Credential
Committee will determine eligibility.*

INCOMPLETE APPLICATIONS WILL BE RETURNED.



Educational Counseling Program

By signing this application, candidates agree to the following six conditions:

1. Continuous enrollment and participation in Supervised Fieldwork until a full credential is awarded by the state, or the counselor trainee withdraws from the internship program.
2. Notify the University Fieldwork Supervisor, and complete new fieldwork documents if there is a change to your school district and/or placement site.
3. Complete the School Counseling Credential program requirements within two (2) years. The Internship Credential is valid for only two (2) years.
4. If either the employer or the Educational Counseling Program determines the candidate is not making adequate progress the intern credential must be withdrawn.
5. If a candidate takes a break from participation in the Educational Counseling Program, the program must withdraw the intern credential.
6. Candidates that are withdrawn from the Internship for any reason will be required to file a new application and pay a full processing fee to reactivate the intern credential if the individual is readmitted to the intern program at a later time, even if the individual is readmitted to the same program with the same employer.

Candidate's Signature: _____ Date: _____

Submit all required documents to the Internship Credential Program Director:

Kathy Elderson. Ed. D.

(909) 448-4715

kelderson@laverne.edu

<i>For office use only</i>	
Course Pre-requisites:	Professional Membership:
<input type="checkbox"/> PPS571 <input type="checkbox"/> PPS546	Insurance Expiration:
<input type="checkbox"/> PPS572 <input type="checkbox"/> PPS549	CBEST:
<input type="checkbox"/> PPS565 <input type="checkbox"/> EDUC501	Certificate of Clearance:
Grade Point Average:	PPS Program Admission: Yes <input type="checkbox"/> No <input type="checkbox"/>

Internship Credential Approval: Yes No