

New Site Approval Form

(Approval process is initiated by student)

Student Name: _____

Name of Site: _____

Address: _____

Street Address

City

State

Zip Code

Web Site: _____

Telephone Number: _____

Fax number _____

Contact person: _____

Phone #: _____ Fax #: _____

E-mail address: _____

Description of site: _____

Description of duties/responsibilities: _____

Supervisor's credentials: _____

Internship Level:

- Beginning Intern (doing only peer counseling)
- Intermediate Intern (Doing co-therapy and/or gradually taking on therapy cases)
- Advanced Intern (Seeing three to six therapy cases)

AGS students are required to obtain insurance before beginning an internship.

Insurance Company _____

Copy of Policy turned into Adler for files Yes _____ No _____ Date _____

This site is approved not approved.

Liaison: _____

Signature of Academic VP: _____ Date: _____