

FORM I

VERIFICATION OF INTERNSHIP FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC) OR A MENTAL HEALTH COUNSELOR ASSOCIATE (LMHCA)

Part of State Form 50319 (R10 / 8-22)

Complete **SECTION A** and then forward this form to the educational institution at which you have completed your internship.
SECTION B must be completed by an official of the institution that has granted you the academic credit for this supervised clinical experience.

SECTION A / APPLICANT INFORMATION

Name of applicant (<i>last, first, middle, maiden</i>)		Date of birth
My minimum six hundred (600) hour internship was completed under the auspices of the following educational institution:		
_____ located at _____		_____
<i>(Name of Institution)</i>		<i>(City and State)</i>
I completed the internship between the following dates:		I completed the internship at the following location:
_____	_____	_____
<i>Date began (Month/Year)</i>	<i>Date completed (Month/Year)</i>	<i>(Specific location of practicum)</i>

SECTION B / VERIFICATION OF COMPLETION OF THE SIX HUNDRED (600) HOUR INTERNSHIP

As an official of the school named above. I certify, that the above-named applicant has completed at least the following experience during the completion of the internship:

- (1) Applicant has completed at least a six hundred (600) hour internship that enabled the applicant to refine and enhance basic counseling skills, to develop more advanced counseling skills and to integrate professional knowledge and skills appropriate to the student's initial post graduation professional placement.
- (2) Applicant has completed a minimum of two hundred forty (240) hours of direct service with clients appropriate to the program of study.
- (3) Additionally, the applicant was provided with the following opportunities:
 - (a) for the student to become familiar with a variety of professional activities other than direct service.
 - (b) for the student to develop audiotapes and/or videotapes of the student's interactions with clients appropriate for use in supervision.
 - (c) for the student to gain supervised experience in the use of a variety of professional resources, such as, assessment instruments; computers; print and nonprint media; professional literature; research; and information and referral to appropriate providers.

As an official of the school named above, I certify that the above-named applicant did receive the following supervision during the completion of the internship: Applicant received a minimum of one (1) hour per week of individual supervision and a minimum of one and one-half (1 1/2) hours per week of group supervision, throughout the internship. For the purposes of this certification, individual supervision is defined as supervision rendered to one (1) person at a time, and group supervision is supervision rendered to at least two (2) and not more than twelve (12) individuals at one (1) time.

During the completion of this internship, the applicant did receive the following total number of hours of face-to-face supervision: _____

I further certify that the supervision for this internship was conducted by either a program faculty member or a supervisor working under the supervision of a program faculty member using audiotape, videotape and/or direct observation. The applicant's supervisor(s) held the following position(s), degree(s), license(s), and/or certification(s) - *[Provide name(s) and qualification(s) below]*:

Program faculty member
Site supervisor

Additionally, I certify the applicant's performance was evaluated throughout the internship and a formal evaluation was performed at the conclusion of the internship by the program faculty supervisor, in consultation with the site supervisor, if applicable.

Position held at the institution	Name of institution
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Name (*last, first, middle, maiden or previous name*)

Work telephone number ()	Cellular telephone number ()	E-mail address
Signature		Date (<i>month, day, year</i>)
<p>RETURN THIS FORM TO: Professional Licensing Agency 402 West Washington Street, Room W072 Indianapolis, IN 46204</p>		