



COLLEGE OF EDUCATION  
SCHOOL COUNSELING PROGRAM CLINIC APPLICATION  
SCOU 594

School Counseling candidates apply for a clinic experience the semester prior to the scheduled clinic.

**Application Deadline:** Due November 15th for Spring Semester Placement  
Due February 15<sup>th</sup> for Summer Session Placement  
Due April 15<sup>th</sup> for Fall Semester Placement

**Application Timeline/Tasks:** Complete the application (see below).  
Review the application and current Plan of Study with your advisor.  
Bring fully completed/signed application to Dr. Dana West, COE 272.  
Placement confirmation notice is emailed to the candidate.

1. Application Requirements:

- Go to: <http://www.msubillings.edu/COE/FieldExper/CounselingInternships.htm> .
- Download a copy of the [Fingerprinting and Federal Criminal Background Check Information](#) .
- Complete CBR process as necessary (see #3 below).
- Complete the application (see below) and print a copy for your records.
- Review the application and your Plan of Study (applicable to your catalog year) with your advisor.
- Obtain your advisor's approval on your application (see below).
- All pages must be completed.

2. Turn in the completed application to Dr. Dana West, College of Education, Room 272.

- Schedule an appointment for an application review with Dr. West (email: [dana.west@msubillings.edu](mailto:dana.west@msubillings.edu); phone: 406-657-2345).
- Applications that are handwritten, incomplete, or contain errors will not be accepted.

3. Submit Criminal Background Report (CBR)

Go to: <http://www.msubillings.edu/coe/FingerprintInfo.htm>

- If you do not have a CBR on file, or if your CBR will not be valid for the entire term of this requested clinic, submit a fingerprint card, fee, and required documentation to the College of Education, ETP Office, Room 261. The clinic cannot begin until a valid criminal background report is on file.

4. General Information:

- Candidates complete a minimum of 50 contact hours for each semester credit hour (e.g., 6 semester hours = a minimum of 300 contact hours).
- Document ALL clinic hours beyond the minimum as some states may require additional clinic hours.



## COLLEGE OF EDUCATION SCHOOL COUNSELING CLINIC APPLICATION

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

[Placement information will be sent to the above email address.]

### Clinic Semester Requested

### Expected Date of Graduation

Write in the Semester/Session and Year for the Clinic you are requesting: [e.g.: F15; or S16, where F=Fall; S=Spring; X=Summer]	Write in the Semester and Year you expect to graduate: [e.g.: F15; or S16, where F=Fall; S=Spring; X=Summer]

1. Choose Placement Option **One** OR Placement Option **Two**.
2. Most agencies, including those in the Yellowstone Area, require an interview before placements are confirmed.
3. You will not be placed in an agency with immediate family members as part of the clinic supervision.
4. School Counseling Clinic placements are limited. Although every attempt will be made to secure a requested placement, candidates should be prepared to accept an alternative location or a placement during an alternative semester.

**Comments:** Indicate any special issues or information you would like to have considered in arranging your placement. If necessary, attach a professional letter of explanation with additional information.

### **Placement Option One (Yellowstone Area):**

Please identify one agency location. Agencies must provide a clinical counseling setting within 25 miles of Billings, MT. Also, provide supervisor contact information in addition to current license information. Finally, provide a copy of the current mental health professional license for your supervisor.

### **Placement Option Two (Beyond the Yellowstone Area or out-of-state):**

Identify an agency that provides clinical counseling services beyond a 25 mile radius of Billings, MT. Provide the agency name, agency director, address, email, and phone contact information. Also, provide supervisor contact information in addition to current license information. Finally, provide a copy of the current mental health professional license for your supervisor.

**Comments:** Indicate any special issues or information you would like to have considered in arranging your placement. If necessary, attach a professional letter of explanation with additional information.

Placement Option One (Yellowstone Area):  **OR** Placement Option Two (Beyond Yellowstone Area/Out-of-State):

Agency Name, Location, Supervisor, and Contact Information:

I have reviewed this application with the candidate, and I approve eligibility for a school counseling Clinic placement.

GPA: School Counseling Graduate Coursework	Approved Plan of Study on File
	YES <input type="checkbox"/> NO <input type="checkbox"/>

\_\_\_\_\_  
College of Education School Counseling Faculty Advisor

\_\_\_\_\_  
Date

I approve this application for a school counseling clinic placement.

\_\_\_\_\_  
Field Experience and Clinical Practice Coordinator

\_\_\_\_\_  
Date

Requires Clinic Completion: <b>Agency Name:</b>	Minimum Hours Required:	Total Credits:	This Semester, Register me for:
	300	6	_____ Credits
	300	6	_____ Credits

I have a valid, clear/cleared criminal background report (CBR) on file in the MSU Billings, College of Education Office that will be valid for the entire Clinic term.	Expiration Date:
I do not have a CBR on file, or my CBR will not be valid for the entire term of the Clinic. Therefore, I will have to submit a new fingerprint card, payment, etc.	Date Fingerprint Card Submitted:

I hold a valid Montana Mental Health Professional License (if applicable)

Type/Number	Name as it appears on Montana License:	Expiration Date:

#### CONSENT AND RELEASE

Successfully completing an approved School Counseling Program at MSU Billings prepares candidates for academic content in anticipation of clinical professional counseling licensure. However, there may be other factors involved in the license approval process. State licensure or certification offices are responsible for evaluating and issuing licenses for clinical professional counselor candidates. These application contents and processes are solely my responsibility. I understand that MSU Billings might be asked to make an institutional recommendation to the appropriate state licensure unit as part of the application process.

Final licensure decisions are made by the appropriate state office, not MSU-Billings.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_