

Counseling & Psychological Services at Florida State University

Academic Program's Verification of Eligibility

Please Type or Print the following information.

Applicant's Name:

Last Name

First

Middle

Academic Program/Department:

University/School:

Address:

Director of Training:

1. The above named applicant is a student in our program. This student:

a. Is ready to participate in internship training; have no departmental requirements that would preclude beginning an internship training experience [please select]: If no please explain:

b. Is the student in good standing [please select]: If no please explain:

c. Is the student on probation [please select]: If yes, please explain:

2. Please answer the following statements **circling "Agree or Disagree."** If any statement is answered as "**Disagree**," please attach an explanation on a separate sheet.

a. The applicant possesses the academic /theoretical foundation to begin internship training.

b. The applicant possesses the skills necessary to translate theory into practice.

c. The applicant has been exposed to and understands ethical principles.

d. The applicant demonstrates the capacity to participate in supervision.

e. There are no complaints filed or currently pending against this applicant.

3. The above named applicant is considered eligible and ready for upcoming internship training during the fall and spring semester (Spring only for social work interns).

Signature of Director of Training

Date