



COLLEGE OF EDUCATION SCHOOL COUNSELING INTERNSHIP

*School Counseling Intern candidates apply for an internship the semester **prior to** the internship.*

Application Deadline: Due November 1st for Spring Semester Placement
Due April 15th for Fall Semester Placement

Application Timeline: Complete the application
Submit the application and Plan of Study for review and approval
Placement confirmation notice is emailed to the intern

1. Application Requirements:

Go to: <http://www.msubillings.edu/COE/FieldExper/CounselingInternships.htm>

- Download a copy of the School Counseling Internship Application.
- Complete the application and print a copy.

2. Submit Completed Application

- Submit your application and Plan of Study to Katie McCrea, Director of Field Experience, katie.mccrea@msubillings.edu. Application may be presented or mailed to: Attn: School Counseling, Montana State University

Billings, COE 201, 1500 University Drive, Billings, MT 59101.

- If your application is approved by your advisor, the Director of Field Experience will contact you by email upon receipt of application.

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 internship, submit a fingerprint card, fee, and required documentation to the College of Education, ETP Office, Room 261. The internship cannot begin until a valid criminal background report is on file.

General Information:

- Interns complete a total of 600 hours, 300 hours at the elementary level, and 300 hours at the secondary level. It is recommended that you complete the elementary level (300 internship hours) during one semester, and the secondary level (300 internship hours) the following semester.
- Document ALL internship hours since other states may require additional internship hours.



COLLEGE OF EDUCATION
SCHOOL COUNSELING INTERNSHIP APPLICATION!

Name: _____
ID Number: _____ E-Mail: _____
Address: _____ Phone: _____
City: _____ State _____ Zip: _____
(Placement information will be sent to the above email address.)

Table with 2 columns: Internship Semester Requested, Expected Date of Graduation. Includes instructions for writing semesters and years.

- 1. Choose Placement Option One OR Placement Option Two.
2. Most school districts, including Billings, require interviews before placements are confirmed.
3. We strongly recommend that you not be placed in a school with immediate family members.
4. School Counseling Internship placements are limited. Although every attempt will be made to secure a requested placement, interns should be prepared to accept an alternative location.

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, circumstances, etc.

Placement Option One (Yellowstone Region)

Please choose two placement locations. Check the box in front of the requested school district.

*Specific grade levels and schools (in districts with more than one school) cannot be requested.

- Absarokee K-12 Schools, Belfry K-12 Schools, Billings Public Schools, Billings Catholic Schools, Blue Creek Elementary, Bridger K-12 Schools, Broadview K-8, Canyon Creek K-8, Columbus K-12 Schools, Custer K-12 Schools, Elder Grove K-8 School, Elysian K-8 School, Fromberg K-8 School, Hardin Public Schools, Huntley Project Schools, Independent K-6 School, Joliet Public Schools, Lockwood Schools, Laurel Public Schools, Morin K-6 School, Park City K-12 Schools, Pioneer K-6 School, Red Lodge Schools, Roberts K-12 Schools, Roundup K-12 Schools, Shepherd K-12 Schools

Placement Option Two (Beyond the Yellowstone region or out-of-state) You must find your placement.

Provide the name and address of the school(s) And the school counselor and principal, also include email, and phone contact information. ALL of this information is required.

Empty box for providing school and contact information for Placement Option Two.

SIGNATURE(S)

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

| GPA: School Counseling Graduate Coursework | Approved Plan of Study on File | |
|--|--------------------------------|----|
| | YES | NO |

College of Education School Counseling Advisor Date

I approve this application for a school counseling internship opportunity.

Director of Field Experience or Clinical Practice Coordinator Date

CONSENT AND RELEASE

| Requires Completion of Internship at Each Placement Level | Required Internship Length | Total Credits Required | This Semester, Register Me For: | |
|---|----------------------------|------------------------|---------------------------------|-----------|
| Elementary Placement | 300 Hours | 6 credits | 3 credits | 6 credits |
| Secondary Placement | 300 Hours | 6 credits | 3 credits | 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 term of the internship. | Expiration Date: |
| I do not have a CBR on file, or my CBR will not be valid for the entire term of the internship. Therefore, I will have to submit a new fingerprint card, payment, etc. | Date Fingerprint Card Submitted for CBR: |

I hold a valid Montana Educator License (if applicable):

| Folio #: | Name as it appears on Montana License: | Expiration Date: |
|----------|--|------------------|
| | | |

Successfully completing an approved School Counseling Program at MSU Billings prepares candidates for school counseling licensure. However, there may be other factors involved with issuance of licenses. Licensure or certification offices in each state are responsible for evaluating and issuing licenses for all school counselors. I understand that MSU Billings will make an institutional recommendation to the appropriate state licensure unit once I have successfully completed all MSU Billings program requirements and submitted a licensure application. Final licensure decisions are made by the state office.

Signature of Applicant: _____ Date _____

**COLLEGE OF EDUCATION
SCHOOL COUNSELING INTERN AGREEMENT**

School Counselor Candidate**ID#**

Current Address**Email**

As a school counselor candidate in the College of Education at MSU Billings, I acknowledge and agree to the following:

School Counseling Internship is a graded course. Candidates will be evaluated and graded in three areas:

1. Faculty Advisor Evaluations -45% of grade
2. Mentor Counselor Evaluations- 45% of grade
3. D2L Discussion Post and Seminar Attendance - 10% of grade

- I do not have any new arrests or convictions since my last criminal background check was completed. If I do I will immediately report them to both the field experience coordinators and my College of Education Advisor.
- I do not have any grade lower than a C or an incomplete in my professional core, teaching major(s), and teaching minor. If I do I will immediately report them to both the field experience coordinators and my College of Education Advisor.
- I have been informed and will abide by the professional dispositions of the School Counseling Program in the College of Education at MSU Billings.
- I have read and will abide by the Ethical Standards for School Counselors, Code of Ethics for Montana Educators, The Administrative Rule of Montana (ARM 10.58.610 School Counseling) or the law of the school in which I am an intern.
- I have been advised to acquire professional liability insurance with the understanding that I am personally liable if I choose not to purchase the insurance.
- I will abide by the policies of the district and school in which I am placed as a school counseling intern.
- I give permission to the College of Education to share my student records with my placement school/district personnel including but not limited to my school principal, mentor counselor, and site supervisor.
- I give permission to the College of Education to disclose the results of my criminal background report with other educational institutions, school/district personnel, law enforcement agencies, courts, and/or state departments/agencies.

Candidate Signature**Date**