

Washington County School District
School Counselor Clinical Internship Experience Program
Application / Agreement
(Partial School Year Program)

This form must be submitted to the WCSD HR Department

Name:	USBE CACTUS ID#:		
Availability Date:	Estimated Program Completion Date:		
Address:	City:	State:	Zip Code:
Cell Phone:	Email Address:		
Preferred School Assignment:			
<p>Agreement: I agree that if I am selected to participate in this WCSD School Counselor Internship Clinical Experience Program, I will conduct myself professionally and in accordance with all applicable school and WCSD policies. I understand the Partial School Year Program is a MINIMUM of one full semester and participants are not compensated as employees of the District. I understand there is no associated expectation of continued employment with this program and that the District may end my clinical experience relationship (employment or otherwise) at any time at District's sole discretion. If currently employed by the Washington County School District, I understand that failure to comply with the conditions of this agreement may result in termination of my current employment.</p>			
Signature:	Date:		

“School Counselor Internship Clinical experience” means the field experience required by [Administrative Rule R277-306-6](#). The required hours are determined by the educational institution and may be sub-divided into two segments at the elementary and secondary level. Counselor field experience hours are unpaid and must not be completed on District paid contract time. Upon successful completion of the minimum one full semester clinical experience and all other educational and program requirements for licensure in the state of Utah, those approved for this WCSD School Counselor Internship Clinical Experience Program may be converted to full time temporary status with salary and benefits according to District Policy through the end of the contract year. This action will be contingent upon receipt of documentation from the participant’s university verifying that the participant has completed all requirements and is being recommended for professional level licensure in the State of Utah.

- Must meet all university requirements and obtain approval from the designated university program Coordinator/Director to begin internship hours.
- Must complete a criminal background check through Utah State Board of Education
- Must obtain a valid Associate Level School Counselor License through Utah State Board of Education

MANDATORY: to be considered for this program, the APPLICANT <u>must obtain the following eligibility verification:</u>		
I certify that the above named individual will complete all required course work in accordance with Utah Administrative Rules, has completed a satisfactory and current background check, holds a valid Associate Level School Counselor License issued by USBE, and will be eligible for participation according to WCSD Policy and this agreement, by the start of the school contract year or program period.		
<i>University Department Approval Signature</i>	<i>Title</i>	<i>Date</i>

Institution Name College or University:			
Human Resource Department CACTUS Approval:	Signature:	Date:	
Approved School Assignment:			