

**Intent Form**

**Community Counseling Clinical Internship**

Complete this form at least one semester before beginning internship. Please attach a resume.

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

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

\_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Please list your areas of interest (*for example, drug/alcohol, eating disorders, college student population, career, employee assistance, children, adolescents, adults, families*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you already have an internship site?    \_\_\_ yes    \_\_\_ no  
If so, please state name and address of the institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of clinical counseling site are you seeking for your internship?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I would like to begin internship fall/spring/summer (*please circle one*) semester of 200\_\_.

*Please submit this form to Dr. Rhonda Norman (office located in 201D Joseph).  
You will be contacted by Dr. Norman to schedule your initial appointment  
regarding your clinical internship.*

Dr. Rhonda Norman  
Clinical Coordinator  
Graduate Counseling Program  
3800 Victory Parkway, ML 6612  
Cincinnati, OH 45207

(513) 745-3450 - phone  
(513) 745-2920 - fax