

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