**HK49200 Application Form**

**(Please type all information)**

### Part1: Student & Agency Information

Student Name:

Telephone (during practicum):

Email:

Academic Advisor:

Anticipated Graduation Date: Major:

Agency Name:

Address:

City, State, Zip Code:

Website:

Agency Supervisor: Supervisor’s Telephone #: Supervisors Email:

Start Date (mm/dd/yyyy):

End Date (mm/dd/yyyy):

Number of weeks:

Total hours to be completed:

Is the internship a paid position:

If paid, indicate per hour or total stipend given:

### Part2: Site Description

1. Mission of the Organization (this can usually be found on their website)

1. Type of Facility (Community, Commercial, Clinical, Corporate)

1. Provide a detailed description of the program and services offered from the Agency

### Part3: Job Description

Job description (Summarize and Bullet the experiences/responsibilities that can be expected of the student throughout the practicum experience. Ensure you submit this section in thorough detail for initial approval). The job description must be re-typed on this form and cannot be added as an attachment for review of the expectations by the student.

### Part4: Relevance of Practicum

Describe how the particular practicum/practicum experience is of personal and professional career interest.

**\*\*Complete and email the above information only to the Practicum Director for site approval. This should be done BEFORE inquiring or accepting an interview/position.**

**Application Due Dates:**

Spring semester internship – October 15th

Summer semester internship – March 15th

Fall semester internship – May 15th

### Part5: Learning Experiences

Identify two objectives of knowledge, skills, or abilities that you wish to obtain by the end of your practicum experience (These must be specific and have the ***ability to be measured*** at the end of your practicum). A. B.

***Part6: Learning Experience Competencies.***

Explain in detail the competencies and steps that will be taken to reach these objectives during the internship. A. B.

**\*\*Please ensure your objectives are reviewed by the HK practicum director PRIOR to obtaining all required signatures.**

### Part7: Signatures

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Student Signature Date

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Agency Preceptor Signature Date

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HK Practicum Director Signature Date