

## Human Services Department Program Applications and Internship Agreements

**Instructions:** Fill out Section I and complete remaining sections for the relevant courses/programs below. Students pursuing internship course must fill out the internship application and required documents prior to pursuing registration in these courses. Students pursuing the Post-Baccalaureate Certificate must fill both the program application and the internship documents.

- Human Services Internship/Field Experience courses (HSV230 & HSV240): **Sections I – VI must be fully completed and returned via email to Michael Moran at [mmoran@waubonsee.edu](mailto:mmoran@waubonsee.edu)**
- Alcohol/Drug Counselor Post-Baccalaureate Certificate of Achievement: **Section I-III, VII must be fully completed and returned via email to Michael Moran at [mmoran@waubonsee.edu](mailto:mmoran@waubonsee.edu)**

### SECTION I

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\_\_\_\_\_  
Student Name

\_\_\_\_\_  
X Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address, City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Desired academic term/year to begin:**     Fall, \_\_\_\_\_     Spring, \_\_\_\_\_     Summer, \_\_\_\_\_

**Degree/Certificate Program:**

- Human Services Associates in Applied Science
- Substance Use Disorder Counseling Certificate of Achievement
- Alcohol/Drug Counselor Post-Baccalaureate Certificate of Achievement

**SECTION II – PROFESSIONAL RESPONSIBILITIES STATEMENT**

I \_\_\_\_\_ (*student name*) am requesting to participate in a clinical internship as part of my coursework leading to certification as an alcohol and other drug abuse counselor and/or Human Services Worker. As part of my training as a student, ethics, confidentiality and legal requirements of a Human Services professional have been clearly covered in the curriculum. I have been provided access to the following documents:

- Federal Regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2)
- HIPAA Regulations
- Illinois Mental Health Code
- IAODAPCA code of ethics
- NOHS code of ethics

I am also aware of my responsibilities as a Mandated Reporter of suspected or alleged child abuse or neglect and elder abuse or neglect. As a student intern representing Waubonsee Community College, I understand any breach of the code of ethics, violations of the regulations on confidentiality, or failure to fulfill the requirements of the Mandated Reporter law, will result in my being withdraw from my internship.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
X Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

I verify that I have no history of alcohol or other substance use or addictive disorders, or have been in recovery without relapse and out of treatment or correctional supervision for at least 18 months.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)



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**SECTION III – CONFIDENTIAL MATERIALS RELEASE FORMS**

**Please note the individual designation for statement. Print and sign your name in the box related to the agency/institution from which you are requesting information to be disclosed.**

**Student Internship Release**

I \_\_\_\_\_ (*print name*) hereby give permission for Michael Moran, Human Services Instructor, other Human Services instructors, and/or the responsible Dean for the Human Services Department permission to release information covered under the Federal Educational Rights to Privacy Act that may be necessary for me to obtain and complete my student internship in the Human Services Department of Waubonsee Community College.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
X Number

\_\_\_\_\_  
Date

**IAODAPCA Certification Release**

I \_\_\_\_\_ (*print name*) hereby give my permission for Michael Moran, Human Services Instructor, other Human Services instructors, and/or the responsible Dean for the Human Services Department to release information covered under the Federal Educational Rights to Privacy Act to the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc. (IAODAPCA) for the purpose of obtaining professional certification.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
X Number

\_\_\_\_\_  
Date

**Employment Release**

I \_\_\_\_\_ hereby give my permission for Michael Moran and other Human Services Department faculty members to provide academic and professional information covered under the Federal Educational Rights to Privacy Act to individuals and/or organizations for the purpose of employment references.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
X Number

\_\_\_\_\_  
Date

**SECTION IV – INTERNSHIP APPLICATION CHECKLIST**

All items **MUST** be completed and on file with program faculty prior to beginning any internship activity. Schedule an appointment with Michael Moran when the application is COMPLETE

Student Name: \_\_\_\_\_ X Number: \_\_\_\_\_

Signed Acknowledgments	Date Submitted	Faculty Signature
Completed Internship Application		
Professional Resume		
Unofficial Transcripts		
Completed Hold Harmless Agreement		
Statement of Professional Responsibility		
Two Letters of Reference from Faculty		
Advising Session with Instructor Note: The items below will be completed at the time of your advising session.		
*Review of Required Course Work		
*Internship Handbook Acknowledgment		
*Mandated Reporter-Child Abuse		
*Mandated Reporter-Elder Abuse		
*Code of Ethics-IAODAPCA		
*Code of Ethics-NOHS		
*Illinois Mental Health Code		
*Code of Federal Regulations AODA		
*HIPAA Confidentiality Summary		
*Release-Internship		
*Release-IAODAPCA (AODA only)		
*Release-Reference (optional)		

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Human Services Instructor Signature Date



**SECTION V – INTERNSHIP HANDBOOK ACKNOWLEDGMENT**

I have received and read a copy of the Waubonsee Community College Human Services Program Internship Guide. I understand that I am responsible for its contents.

Student Name: \_\_\_\_\_ X Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION VI – FACULTY RECOMMENDATIONS FOR INTERNSHIP – PART 1: STUDENTS**

**Student Instructions:**

Please complete both the top portion of this form AND the release of information below, before taking it to faculty members. Ask the selected faculty member to forward the completed letter to Michael Moran. You MUST obtain a recommendation from two faculty members

\_\_\_\_\_  
Student Name X Number Date

\_\_\_\_\_  
Email Phone

Semester wishing to intern (fall/spring/summer + year: \_\_\_\_\_)

**Course(s) with recommending faculty:**

\_\_\_\_\_  
Course Name/Number Semester Grade

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**Release of Information:**

I \_\_\_\_\_ (*student name*) give permission to  
\_\_\_\_\_ (*name of faculty member*) to complete this  
Letter of Recommendation and send it to Michael Moran, Assistant Professor and Program Director of  
Human Services, for the purpose of assisting in the determination of my readiness for a Human  
Services internship.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION VI – FACULTY RECOMMENDATIONS FOR INTERNSHIP – PART 2: FACULTY**

**Faculty Instructions:**

Please evaluate the characteristics of this student by rating the following items.

- U=Unknown NA=Not Applicable or Not Relevant
- 5=Excellent 4=Good 3=Fair 2=Improvement Needed 1=Unsatisfactory

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

X Number: \_\_\_\_\_

	Writing skills
	Oral communication skills
	Problem solving & analysis skills
	Organizational skills
	Ability to keep track of details
	Ability to work with others
	Ability to follow directions
	Judgment and common sense
	Reliability and dependability
	Work ethic
	Proficiency with technology

Did this student experience any academic performance problems, i.e., late for class, missing excessive classes, failing to submit assignments, consistently missing deadlines, etc., that would interfere with being successful at an internship site?

In your opinion has this student acquired or developed the necessary knowledge, skills and ethics to be considered for an internship?

What opportunities for growth and skill development would be most beneficial to this student?

\_\_\_\_\_  
**Faculty Signature**

\_\_\_\_\_  
**Date**





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**SECTION VII – ALCOHOL AND DRUG COUNSELOR POST-BACCALAUREATE APPLICATION**

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

Date: \_\_\_\_\_

X Number: \_\_\_\_\_

Other/Former/Maiden Name(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Screening requirements should be completed prior to submitting this form.**

**Document Submission Checklist**

**I have submitted the following to Registration and Records:**

- Official transcript demonstrating Bachelor's degree completion
- Official transcript demonstrating Clinical Master's degree completion **OR**
  - Official transcript demonstrating current enrollment in a Clinical Master's degree program with minimum 30 completed semester credits.

**I have included the following with this application:**

- Degree and Course Information (Section VII-A)
- Internship/Practicum Information (Section VII-B)
- Signed Verification of 18 months of recovery or non-applicability (below)
- TWO Letters of Recommendation

I verify that I have no history of alcohol or other substance use or addictive disorders, or have been in recovery without relapse and out of treatment or correctional supervision for at least 18 months.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have read and understand the information contained in this application for consideration for admission to the Alcohol and Drug Counselor Post-Baccalaureate Certificate Program.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**SECTION VII – A: ADC POST-BACC APPLICATION DEGREE AND COURSE INFORMATION**

**Clinical Master’s Degree:**

Type/Area \_\_\_\_\_ Institution \_\_\_\_\_ Credit Hours \_\_\_\_\_ GPA \_\_\_\_\_

**Bachelor’s Degree:**

Major \_\_\_\_\_ Institution \_\_\_\_\_ Credit Hours \_\_\_\_\_ GPA \_\_\_\_\_

**Individual Counseling Courses:**

Course Title/Number \_\_\_\_\_ Institution \_\_\_\_\_ Credit Hours \_\_\_\_\_ GPA \_\_\_\_\_

**Group Counseling Courses:**

Course Title/Number \_\_\_\_\_ Institution \_\_\_\_\_ Credit Hours \_\_\_\_\_ GPA \_\_\_\_\_

**Diversity/Multi-Cultural Counseling Courses:**

Course Title/Number \_\_\_\_\_ Institution \_\_\_\_\_ Credit Hours \_\_\_\_\_ GPA \_\_\_\_\_

**Ethics Courses:**

Course Title/Number \_\_\_\_\_ Institution \_\_\_\_\_ Credit Hours \_\_\_\_\_ GPA \_\_\_\_\_



**SECTION VII – B: ADC POST-BACC APPLICATION INTERNSHIP/PRACTICUM INFORMATION**

*Please submit documentation of successful completion of clinical SUD Internship, including final evaluation.*

<b><u>Course Title/Number</u></b>	<b><u>Institution</u></b>	<b><u>Credit Hours</u></b>	<b><u>GPA</u></b>
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Placement Agency: \_\_\_\_\_ Total Hours: \_\_\_\_\_

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

Agency Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Description of Internship Experience, Accomplishments, and Learning Outcomes: