

Virginia Commonwealth University  
School of Education - Counselor Education Program  
Practicum Placement Application CLED 604 or CLED 608

Instructions: Please fill out this form completely. For School Counseling practicum students: Attach a copy of your current **TB skin test results** which cannot expire before the end of your practicum semester. (Results are good for one year from the test date). School counseling practicum students may be required to pay for criminal background/child abuse registry screening and/or sign confidentiality agreements as required by some school divisions.

**APPLICATIONS (SIGNED BY ADVISOR) ARE DUE TO DR. DOCKERY BY FEBRUARY 1 FOR FALL SEMESTER AND SEPTEMBER 1 FOR SPRING SEMESTER**

**General Information**

NAME OF APPLICANT: \_\_\_\_\_

V NUMBER: \_\_\_\_\_ Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PRACTICUM (circle one): CLED 604 (School Counseling) CLED 608 (College Counseling/Student Affairs)

**Prerequisites Met**

CLED 600 \_\_\_\_\_ CLED 622 or CLED 613 \_\_\_\_\_ (for CLED 604 students only)

CLED 601 \_\_\_\_\_ CLED 606 \_\_\_\_\_ (recommended completion)

CLED 602 \_\_\_\_\_ CLED 620 \_\_\_\_\_ (for CLED 608 students only)

CLED 603 \_\_\_\_\_

**Site preferences**

**School counseling candidates must have an elementary placement for either practicum or internship, and are encouraged to request placement in two different school divisions for practicum and internship.**

1) Level (Select A, B, or C) (**Choice of level is not guaranteed**)

\_\_\_\_\_ A. Secondary (rank middle and high) \_\_\_\_\_ Middle (6-8) \_\_\_\_\_ High (9-12) \_\_\_\_\_

\_\_\_\_\_ B. Elementary (pk-6)

\_\_\_\_\_ C. Post-secondary (for CLED 608 students only)

2) **CLED 604:** School Division (rank 1-3) (**Choice of division not guaranteed**)

\_\_\_\_\_ Chesterfield \_\_\_\_\_ Henrico \_\_\_\_\_ Richmond

IS THIS AN ON-THE-JOB PLACEMENT REQUEST? \_\_\_\_\_ YES LOCATION \_\_\_\_\_

3) **CLED 608:**

1<sup>st</sup> Choice (university/office) \_\_\_\_\_ / \_\_\_\_\_

2<sup>nd</sup> Choice (university/office) \_\_\_\_\_ / \_\_\_\_\_

SPECIAL REQUEST \_\_\_\_\_ (CHECK – ONLY IF YOU DO NOT HAVE A CAR) \_\_\_\_\_

Eligibility for licensure as a Professional School Counselor in Virginia requires that candidates respond to the following questions: (Background questions – adopted from VDOE licensure application, July 2018)

PLEASE READ CAREFULLY AND CHECK Y (yes) or N (no)	Y	N
Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony?		
Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country?		
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor) or a student?		
Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)?		
Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?		
Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country; surrendered such a license or the right to apply for such a license; or had any other adverse action taken against such a license? <i>Please note:</i> This includes a reprimand, warning, or reproof and any order denying the right to apply or reapply for a license.		
Are you currently the subject of any review, inquiry, investigation, or appeal of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil personnel services, or other education-related license or certificate? <i>Please note:</i> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.		
Have you ever left any education- or school-related employment, voluntarily or involuntarily, under any of the following circumstances: (1) while the subject of a review, inquiry, investigation, or appeal of alleged misconduct; (2) when you had reason to believe a review, inquiry, investigation or appeal of alleged misconduct was under way or imminent; or (3) while any administrative or judicial proceeding involving and allegation of misconduct was pending, eligible for appeal, or under appeal? <i>Please note:</i> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.		

If you checked yes to any of these questions, please make an appointment immediately with Dr. Joan Johnson, Executive Director of Accreditation and Licensure, School of Education, Oliver Hall, Room 2090. [jbjohnson@vcu.edu](mailto:jbjohnson@vcu.edu)

Notification of placements will be made by e-mail once received in SOE Student Services. Once your placement has been finalized by the school division and you have been notified, assignments cannot be changed as school divisions arrange only one placement per application.

I, \_\_\_\_\_ (print full name), am aware of and agree to the forwarding of my e-mail and phone contact, address, application, transcripts, TB results (SC only), and background check payment (if applicable) for the purpose of securing an counselor education practicum placement(s) in a university or school(s) in one or more of the following school division(s): Henrico, Chesterfield, Hanover or Richmond. I understand that I may also be required to sign a confidentiality agreement for one or more school divisions. I also understand that I am not guaranteed my request division or level for a site placement. I understand that I am to have a diverse practicum placement experience. If required, I have attached a copy of an up to date Tuberculosis skin test that will not expire before the end of the practicum experience.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

Please return this form with your advisor's signature to Dr. Dockery in Oliver 4043g by February 1 for Fall semester practicum placements and by September 1 for Spring semester practicum placements.