

## APPENDIX 3

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

### Appendix 3

Wright State University

College of Education and Human Services, Department of Human Services 108 Allyn Hall, 3640

Colonel Glenn Highway, Dayton, OH 45435

Phone: 937.775.2075 Fax: 937.775.2042

#### Site Supervisor Information Sheet – CNL/RHB 8650

\*\*\*Please attach a copy of the site supervisor's most recent renewal license card

\*\*\*Please submit 2 hard copies

Dr., Ms., Mr., Mrs. \_\_\_\_\_

\_\_\_\_\_ Site

Name \_\_\_\_\_

Site Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Preferred Email Address \_\_\_\_\_

Present Position/Title \_\_\_\_\_

Professional Certification No. (if applicable) \_\_\_\_\_ Area \_\_\_\_\_

Authorizing State Board or State Dept. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Counselor License No. (if applicable) \_\_\_\_\_

Authorizing State Board or State Dept. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Number of years' experience as Licensed/Certified Counselor \_\_\_\_\_

Have you supervised WSU counseling students in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of WSU student you will be supervising at this time \_\_\_\_\_

For PCC's only: Do you have current supervising counselor status with the Ohio Counselor,  
Social Worker, Marriage & Family Therapist Board? Yes \_\_\_\_\_ No \_\_\_\_\_

Education: (please begin with the most recent)

Institution \_\_\_\_\_

Major \_\_\_\_\_

Degree/Year \_\_\_\_\_

Institution \_\_\_\_\_

Major \_\_\_\_\_

Degree/Year \_\_\_\_\_

Institution \_\_\_\_\_

Major \_\_\_\_\_

Degree/Year \_\_\_\_\_

Other Related Educational Experiences: (please begin with the most recent)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Professional Experience: (please begin with the most recent)

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Please describe duties \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Please describe duties \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Please describe duties \_\_\_\_\_

Professional Affiliations:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

For your assistance with the education and training of Wright State University students, we would like to show our appreciation with a \$100 stipend, which is to be distributed the following semester. If the student has two supervisors, the stipend will be split between the two. If you are able to receive this stipend, please email our Practicum and Internship Graduate Assistant at [hs10@wright.edu](mailto:hs10@wright.edu) and he/she will send you the appropriate W-9 and OPERS forms for you to fill out and email back to her/him in order to receive payment for your supervisee. The Practicum and Internship Graduate Assistant will send several emails throughout the semester regarding requirements for individual versus organizational stipends. If at any time you need assistance, please feel free to call or email her/him: 937-775-3916 OR [hs10@wright.edu](mailto:hs10@wright.edu).