**North Carolina State University**

**Counselor Education Program**

**Clinical Completion Checklist for Masters Students**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concentration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site supervisor name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practicum**

Spring Semester\_\_\_\_\_\_\_\_\_\_\_\_\_ Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Year)

\_\_\_\_\_\_\_\_ Practicum Contract

\_\_\_\_\_\_\_\_ Student Insurance Information: Liability Coverage Documents

\_\_\_\_\_\_\_\_ Evaluation of Master’s Practicum Student- Mid and End Semester

\_\_\_\_\_\_\_\_ Final Log

\_\_\_\_\_\_\_\_ Counseling Practicum Summary sheet

**Internship**

Fall I \_\_\_\_\_\_\_ Spring II\_\_\_\_\_\_\_\_ Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Final Log for Internship 1 and II or full time Internship (signed by site supervisor)

\_\_\_\_\_\_\_\_ Mid and End-semester Evaluation

\_\_\_\_\_\_\_\_ NCBLPC Verification of Graduate Experience Form