

**ETSU COUNSELING CENTER
EXTERN INFORMATION FORM**

PERSONAL INFORMATION

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Email _____

Clinical Semester Hours Required: Total _____ Per Week _____

Dates: From _____ To _____

Previous placement(s)?

Location/Site _____

Location/Site _____

Please respond to the following item:

Write a statement concerning your personal career goals and how you hope an internship within the ETSU Counseling Center will fit with your goals.

Please submit this form and a copy of your resume to **Katelyn Couper, LPC-MHSP** at the ETSU Counseling Center by emailing couperk@etsu.edu.