

INTERNSHIP FORM

_____ certifies that, _____
(Agency Name) (Intern's Name)

an intern from the program at _____
(Name of University or College)

has been working under the direct supervision of _____,
(Supervisor's Name)

since _____.
(Date)

As of _____, I _____, I certify that the fore-named intern

(Date) (Supervisor's Name)

is qualified to, under limited review and supervision only, complete the tasks listed below.

(Check each that applies)

- | | |
|---|--|
| <input type="checkbox"/> Intake Interviews | <input type="checkbox"/> Develop Treatment Plans |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Provide Group Treatment |
| <input type="checkbox"/> Recipient Rights Reviews | <input type="checkbox"/> Provide Prevention Services |
| <input type="checkbox"/> Provide face-to-face Treatment | <input type="checkbox"/> Others (please list) _____ |

Registered Development Plan* Application (date):

Registered Development Plan* Approval (date):

MAFE* Test Scheduled/Taken (date):

*Only Relevant for Interns who will provide treatment services.

Supervisor's Signature: _____ Date: _____