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Professor Jennifer M. Kinsley

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(513) 708-2595 cell

**FIELD PLACMENT INFORMATION FORM**\*

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

Semester (circle one): Spring Fall Summer Year: \_\_\_\_\_\_\_\_\_\_\_\_

Total # of Credits: \_\_\_\_\_\_ (including 1 credit for mandatory seminar component)

Program (check all that apply):

 \_\_\_\_\_\_\_ Field Placement Clinic (1-3 credits)

 \_\_\_\_\_\_\_ Advanced Field Placement Clinic (1-3 credits)

 \_\_\_\_\_\_\_ Semester in Practice (4-12 credits)

Multiple Externships? Y/N \_\_\_\_\_

 (If you answer Y, please complete a separate form for each field placement.)

Contact Info for Student:

Preferred Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Placement Firm/Agency/ Court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Placement Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Info for Field Placement Supervisor:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This externship is compensated (circle one): Yes No

\*By submitting this form, you warrant: 1) that you will have successfully completed 28 credits, including BLS-Research and BLS-Writing, prior to beginning your field placement; 2) that you are not participating in a live-client clinic during the same semester as your placement; and 3) that you are in good academic standing.