Palomar College - Alcohol and Other Drug Studies/Psychological and Social Services
Internship Placement Form

Student Name: _____

Street Address: _____

_____

Phones /Home/Cell _____

E-mail address: _____

Course: (Circle One) AODS/PYSC/SOC 140 AODS/PYSC/SOC 298 AODS/PYSC/SOC 299

Semester/Year _____

I have been accepted for internship at the following agency:

Name of Agency/Organization: _____
(Example: Mental Health Systems, Inc.)

Program: _____
(Example: North County Center for Change)

Agency Address: _____
Street City Zip

Supervisor Name: _____

Supervisor Title: _____

Supervisor Clinical Credentials _____
Example: CADC 1, MFT, LCSW, CATC

Supervisor Phone Number
with Area Code _____

Supervisor Email Address _____

Student Signature/Date: _____