

DEPARTMENT OF FAMILY THERAPY

## PRACTICUM - INTERNSHIP CLEARANCE

BTI     External Practicum (Initial)

Initial Practicum Start (BTI) or External \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

Family Therapy Degree Program    Master's     Ph.D.     DMFT    Entrance Date \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ N# \_\_\_\_\_

Address NSU \* 3301 College Avenue, Room 1040B \* Fort Lauderdale, Florida 33314

Tel. \_\_\_\_\_ Email Address \_\_\_\_\_ Application Date : \_\_\_\_\_

Instructions:

Complete this form and submit to Internship Coordinator, along with a copy of the background check clearance email, and a copy of the NSU HIPAA Security/Privacy Certificate. When approved, this form will be returned to you. Maintain original for your records.

*Students should not begin collecting hours in BTI practicum, or in External practicum before approval*

If you have questions or need further information, please refer to the KPCOM website or contact the Practicum and Internship/Coordinator

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**Internship Coordinator's Office Only**

- 1. Background check clearance                          Received \_\_\_\_\_/by \_\_\_\_\_
- 2. HIPAA Security/Privacy Certificate                          Received \_\_\_\_\_/by \_\_\_\_\_

Cleared (date) \_\_\_\_\_         Renewed (date) \_\_\_\_\_        \*\*Denied \_\_\_\_\_

\_\_\_\_\_  
Internship Coordinator                          Date                          or Department Administrator                          Date

\*\*Reason(s) for Denial \_\_\_\_\_