



**UNIVERSITY OF SOUTHERN MAINE**  
Counselor Education Program – Practicum/Internship  
Site Liaison/Supervisor  
Demographic Information Sheet

Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**CONTACT INFORMATION:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE & EDUCATION:**

Present Position Title: \_\_\_\_\_

Certification/License: \_\_\_\_\_

Expiration Date (optional): \_\_\_\_\_

Have you supervised USM counseling interns in the past?  Yes  No

Are you interested in having an intern in the future?  Yes  No

Check here if you have completed training in clinical supervision.

**EDUCATION (begin with most recent)**

INSTITUTION	DEGREE	YEAR

**OTHER COUNSELING RELATED EDUCATIONAL EXPERIENCES: (begin with most recent)**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_