For NC Division of Vocational Rehabilitation Services

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| --- | --- | --- | --- |
| Name: |       | Date: |       |
| Address Line 1: |                **,**            | Email: |       |
|  |  | Phone #: |       |
| City, State Zip: |  | Phone #: |       |
|  |
| University / Degree/ Major: | **/       /** |
| University Internship Coordinator / Phone Number: | **/** |
| Semester / Total Internship Hours: | **/** |
|  |
| Desired Intern Locations: | 1st |       |
|  | 2nd |       |
| Practicum Volunteer Experience: (16 hours only) [ ]  Yes Start Date:       End Date:       |
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| Do you have an interest in working with a specific population, and if so which one? [ ]  No [ ]  Yes |
|  *Comments:*  |
| Do you require a CRC as your practicum site supervisor? [ ]  No [ ]  Yes |
| If the VR field-site supervisor is not a CRC, will your university’s faculty member provide the additional supervision? [ ]  No [ ]  Yes |
| Do you need any accommodations, and if so please elaborate. [ ]  No [ ]  Yes |
|  *Comments*  |
| Have you ever been employed by the State of North Carolina? [ ]  Never [ ]  Currently [ ]  Previously |
|  If previously employed by the State of NC provide employment dates.       |
| What was your reason for leaving? |       |
|  |
| How did you hear about this practicum opportunity? [ ]  Print Advertisement [ ]  College Advisor [ ]  Other:  |
|  ***Please note that all practicum placements and approvals are contingent upon the successful completion of drug testing and background checks.*** |
| On the next page (using 500 words or less) please enter your name again and explain why you want to complete a practicum experience with NC DVRS and describe any additional qualifications you have to contribute as NC DVRS helps people with disabilities gain employment and live independently*.* |
| ***This section is to be completed by Vocational Rehabilitation Unit Manager***  |
| Practicum Placement: |  |
| Practicum Site Supervisor: |  |
| Start Date: |  |  | End Date: |  |
| Approved By: |  | Unit Manager  |
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|  |  |  |
| **Applicant Explanation & Additional Qualifications Section** |
| Name:        |