

Department of Counselor Education 2039 Kennedy Boulevard, Rossey Hall 536 Jersey City, NJ 07305-1597 Phone 201-200-3400/Fax 201-200-3405

Health Resources and Services Administration (HRSA) Behavioral Health Workforce Education and Training (BHWET) Stipend Program

Agency Verification Form

Student's	Name:
Name of I	Internship Site:
Superviso	or's Name:
Phone Nu	ımber:Email:
Superviso	or's Credentials (please attach a copy of resume/certification/licensure):
Agency V	Verification (please check ($$) if applies):
ri	Clinical work with at-risk children, adolescents, and transitional-age youth (16-25 years old) at isk of developing or who have developed a behavioral health disorder (mental health and/or ubstance abuse).
	Provide inter-professional learning experiences (learning experiences among a group of individuals from two or more profession such as nursing, psychiatry, social work, psychology)
Iı	nternship Placement from Fall 2017 to Spring 2018