

# LONG ISLAND UNIVERSITY

720 Northern Boulevard  
Brookville, NY 11548-1300

College of Education, Information and Technology  
DEPARTMENT OF COUNSELING AND DEVELOPMENT  
(516) 299-2244; Fax (516) 299-3312; [www.liu.edu](http://www.liu.edu)  
Accredited by the Council for Accreditation of Counseling  
and Related Educational Programs (CACREP)

Dear Colleague,

I am writing to thank you for your willingness to partner with the Department of Counseling and Development at LIU to provide a practicum/internship opportunity for our students. As per CACREP requirement, please sign this letter to attest **to your qualification** to serve as a supervisor.

By signing this letter, you are acknowledging that you have; 1) a master's degree in counseling, or a related profession; 2) relevant certifications and licenses; 3) a minimum of two years of pertinent professional experience in the specialty area, i.e., in school or clinical mental health counseling; 4) knowledge of the program's expectations, requirements and evaluation procedures for students; and, 5) relevant training in counseling supervision.

You are strongly encouraged to attend the orientation meeting for all site supervisors, held on the LIU Post campus each fall. Also know that we provide a Power Point presentation in supervision that you need to read and sign that you read it. This can be accessed from our website at <http://ceit.liu.edu/CSD/CounsDev.html>

In addition, please sign and submit the **Permission Form and the Supervisor's Contract** that are presented to you by the student. The faculty supervisor will make contact with you throughout the semester as it pertains to the progress of the intern, and you should feel free to contact the assigned faculty, as you deem it necessary.

Again, thank you for your invaluable contribution to the professional development of our students.

Sincerely,

Dr. Juneann Smith Chair  
Department of Counseling and Development

## Site Supervisor

Print Name:

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Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Student

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