

Program Area _____

Due Date _____

**INTERNSHIP INFORMATION FORM
FOR
OFFICE OF CLINICAL EXPERIENCES**

Each intern must complete this form and return it to the Office of Clinical Experiences (Speight 109) *within the first 15 days of Senior I*. Once university supervisors have been assigned, your supervisor will use this information sheet as a way to contact you by letter or telephone. This information* must be **ACCURATE** and **LEGIBLE**. After completion, you may also fax to 252-328-2361.

Name: _____ ECU ID: _____

ECU Email Address: _____

Senior I Address: _____

_____ Telephone: _____

Senior II Address: _____

_____ Telephone: _____

Permanent Address: _____

_____ Telephone: _____

School Assignment: _____ Grade: _____

School Address: _____

_____ Telephone: _____

Principal: _____ Assist. Principal: _____

Clinical Teacher Information

Name: _____

Home Address: _____

Home Telephone: _____ Have you been trained? _____

School Email Address: _____

Personal Email Address: _____

Planning time for Clinical Teacher: _____

*Please notify the Office of Clinical Experiences of any address or telephone number change immediately.
252-328-6051