

**Graduate Counseling Program**  
Practicum/Internship Site Information

**MAC**

Approved Practicum Only Site \_\_\_\_\_  
Approved Internship Only Site \_\_\_\_\_  
Approved Practicum & Internship Site  (both required)

**MFT**

Are You Interested In Being An MFT Site? Yes\_\_\_ No\_x\_ (Please refer to Definition of Clinical Experience)

Approved MFT Internship \_\_\_\_\_ (Regis approved MFT supervisor)  
Approved MFT Certificate \_\_\_\_\_ (LMFT or AAMFT Approved Supervisor req.)

Name of Site: Empowerment Therapy Center  
Address: 1263 Lake Plaza Dr. Colorado Springs, CO 80906  
**Application/Interview Timeline** (subject to change): ongoing \_\_\_ other:

Director: Christine Burcham  
Intern Coordinator: Christine Burcham  
Phone: 719-329-1900 x 102  
Email: cburcham@etcwf.org

Site Supervisor(s): Christine Burcham, Angie Bell, Pam Wiehelhaus

Description of Placement and Population Served: Mental Health, substance abuse, domestic violence treatment agency. Population is DHS court-ordered , criminal court-ordered, children, insurance clients, private pay clients.

**Placement Requirements:**

Practicum/Internship Placement Hours:  days  evenings  weekends  
Placement begins:  Spring  Summer  Fall (Semesters)  
Length of Practicum:  1 semester \_\_\_\_\_ other: \_\_\_\_\_  
Length of Internship: \_\_\_\_\_ 2 semesters  3 semesters (1 full year) \_\_\_\_\_ other: \_\_\_\_\_  
Stipend reimbursement to student \_\_\_\_\_yes  no  
Mileage reimbursement \_\_\_\_\_yes  no Amount per mile: \_\_\_\_\_  
Licensed on-site clinical supervisor(s): \_\_\_\_\_LMFT  LPC \_\_\_\_\_LCSW  
 Clinical Psychologist \_\_\_\_\_Psychiatrist  
One hour on-site clinical supervision provided per week: yes \_\_\_\_\_no  
Group supervision provided per week: yes \_\_\_\_\_no

**Placement Experiences:**

<input checked="" type="checkbox"/> Child Play Therapy	<input checked="" type="checkbox"/> Crisis Intervention
<input checked="" type="checkbox"/> Adolescent Therapy	<input checked="" type="checkbox"/> Psychological Testing
<input checked="" type="checkbox"/> Individual Psychotherapy	_____ Psychodiagnostic Intake
<input checked="" type="checkbox"/> Couples Therapy	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Family Therapy	_____ Case Conferences
<input checked="" type="checkbox"/> Group Therapy	<input checked="" type="checkbox"/> Special Services
<input checked="" type="checkbox"/> Alcohol/Drug Program	<input checked="" type="checkbox"/> In-Service/Staff Development

**Additional Placement Information:**