



COLLEGE OF EDUCATION  
OFFICE OF CLINICAL EXPERIENCES

TO: School Counseling Supervisors  
FR: Carolyn Walker Hopp, Ph.D.  
Director, Office of Clinical Experiences  
RE: Certificates of Participation

Greetings,

In appreciation of your participation in the University of Central Florida internship program, we are able to offer you a Certificate of Participation (COP) voucher. You can use this COP for matriculation fees of up to 6 credit hours of graduate course work.

In order to expedite the processing of the Certificates of Participation (COPs), our office requires accurate information in order to issue correct vouchers. The Office of Clinical Experiences is very aware that this is sensitive information, and we assure you that your information will be safeguarded. If we need to verify any of this information, it will be through the telephone contact that you provide.

Thank you for all that you do to support our University of Central Florida interns.

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**Required Information for Certificates of Participation** (please print)

Counselor Name \_\_\_\_\_ Counselor SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Counselor Phone \_\_\_\_\_ Counselor E-mail \_\_\_\_\_

School/Agency Name \_\_\_\_\_ School/Agency Phone \_\_\_\_\_

Intern Name \_\_\_\_\_  Grad 3hr.  Grad 6 hr.

Intern Program \_\_\_\_\_ Supervision dates \_\_\_\_\_ to \_\_\_\_\_

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\_\_\_\_\_  
On-Site Supervisor (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intern (signature)

\_\_\_\_\_  
Date