CHECKLIST FOR FIELDWORK APPROVAL
COUN 698 PRACTICUM
(To be completed prior to course registration. Approval documents must be submitted prior to approval deadline. Please see course webpage for semester deadlines. All documents must be fully completed and submitted on time in order to be approved. No late work is accepted.)

As students near completion of the prerequisites for COUN 698, students should submit online application and paperwork for approval. Prerequisites for this course are listed on the website, in the manual & syllabus. Also, students must hold a 3.0 GPA or higher and be in Good Standing with the University in order to be approved.

- Fieldwork Contract
- Copy of Student Liability Insurance
- Supervisor & Site Form
- Affiliation Agreement
- Digital Photo of Student
- Copy of DCP Audit from ASIST
- Copy of Supervisor’s License Verification from State Board Website
- Copy of Background Check receipt from American Databank

IMPORTANT APPROVAL INFORMATION:

- Once enrolled in COUN 505, students will need to begin preparing the practicum approval documents for submission.

- Students must check the Graduate Counseling Practicum webpage for instructions on how to submit the approval documents. The approval documents will only be submitted through electronic submission. You may not fax, e-mail, or mail the approval documents to our office.

- An approval e-mail will be sent to the student with the date that the student can begin earning hours. The student cannot earn hours prior to this point.

- Students must keep student liability insurance up-to-date for the duration of course enrollment.

- The practicum course will run for the entire duration of an academic semester and must be completed in 1 semester.

- If Background Check for COUN 500 is more than 1 year old, then student must complete Background Re-Check through American Databank (ADB) prior to Practicum Application deadline.
PRACTICUM FIELDWORK CONTRACT

Draw up a typed contract that explicitly describes the agreement between you the student, the supervisor, and the site, including:

- student’s name, address, and telephone number
- the name, address and telephone number of the site
- the clinical supervisor’s name and credentials
- the contact person for the site, if different from the supervisor
- the fieldwork position
- the time commitment per week/per semester by the student
- the supervision commitment by the supervisor
- any other pertinent information
- student’s signature and the signature of the clinical supervisor (and his/her supervisor if required).

If necessary, revise the first draft of the proposed contract until both student and supervisor can comfortably sign it. Make three copies of an acceptable contract and get the necessary signatures.

Sample Fieldwork Contract
(Use as a template)

STUDENT:  AGENCY:
John Q. Student  Abundant Counseling Center
123 Main St  45 Shady Ln
My Town, NM 12345  Pleasantville, NM 12345
Home: (111) 222-3333  (111) 222-5555
Work: (111) 222-4444  Contact person: Jane Wisdom, MSW, ACSW

I, John Student, agree to provide approximately ____ hours of counseling-related services as a Master’s-level fieldwork student at the Abundant Counseling Center during the four-month period between January 13, 2014 and May 09, 2014. During this time, I agree to become familiar with the policies and procedures of the Abundant Counseling Center. I will perform co-therapy and intake interviews as directed by my supervisor, Jane Wisdom. I also agree to be available to help with any other therapy-related or educationally relevant experiences that would be helpful to the Abundant Counseling Center within the constraints of the ____ hours. In all of my work, I will observe the established policies and procedures of the Abundant Counseling Center.

I, Jane Wisdom, agree to supervise John Student at least once weekly for individual supervision, regardless of hours John has spent with clients in his work at the Abundant Counseling Center during the period between January 13, 2014 and May 09, 2014, and to meet the responsibilities of a clinical supervisor as outlined in the “Clinical Supervisor Responsibilities” form. To the degree that I am able, I will try to structure John’s time so that he will have a minimum of ____ hours of direct client contact. I understand that this contact can consist of co-therapy and intake interviews. I will complete periodic evaluations of John and, after discussing it with John, will give him the original to be uploaded to Blackboard.

_________________________  _____________
Supervisor Signature  Date  Student Signature  Date
SUPERVISOR & SITE INFORMATION FORM

*This form must be completely filled out in order for the student’s application to be reviewed by the practicum/internship office.

Name of Student: _______________________________________ Student Number: _________________________

Agency/Site Name: ____________________________________________________________

Agency/Site Address: ___________________________________________________________________________

Name of Director: _________________________________________ Position (title) ________________________

Agency/Site’s tel. #: _________________________ Site Director’s Email: ________________________________

Name of Supervisor:  ☐ Mr.  ☐ Ms./Mrs.  ☐ Dr.  ____________________________________________________

Position (title) ________________________________________________________________________________

Supervisor’s tel. #: (work): ____________________ Supervisor’s Email: _________________________________

(Required)  (Required)

Academic Background of Supervisor:

<table>
<thead>
<tr>
<th>Degree</th>
<th>Major</th>
<th>Year Received</th>
<th>Educational Institution</th>
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<tbody>
<tr>
<td>Master’s</td>
<td></td>
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<tr>
<td>Doctorate</td>
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License(s) Currently Held by Supervisor:

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<tr>
<th>Type</th>
<th>Number</th>
<th>State Where Valid</th>
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Supervisor’s Signature      Date  Student’s Signature           Date

Please check all settings that apply to your site:

☐ Agency  ☐ In-home  ☐ Marriage & Family  ☐ Substance Abuse
☐ Private Practice  ☐ Non-profit  ☐ Child & Adolescent  ☐ Rehabilitation
☐ Hospital  ☐ Other:__________  ☐ Individual  ☐ Other:__________
☐ University counseling center

Please list at least three examples of the weekly fieldwork duties that the student will be performing:

1. ______________________________________________________________________________________

2. ______________________________________________________________________________________

3. _____________________________________________________________________________________

Will the student be paid at this site? _______ If so, what are the conditions? ________________________

Director’s Signature       Date  Student’s Signature   Date