

Community -Based Placement Practicum Application

College of Education and Human Services
Department of Counseling and Special Education
321 Education and Human Services Building
Mt. Pleasant, MI 48859
Office: 989-774-3205
Fax: 989-774-2305
E-mail: cse@cmich.edu

It is extremely important to read the Application and Manual thoroughly prior to beginning the process of locating a site.

All forms must be completely filled out and submitted to cse@cmich.edu for review.

Submitting Your Application Materials for Site Approval

CED 690—Counseling Practicum

To submit your application, you must include:

- Application for Practicum
- Affiliation Agreement Request Form
- Site & Supervisor Qualification Form
- Supervisor's Resume and Professional Liability Verification
- Practicum Plan Form
- Practicum Agreement
- A copy of packet of materials prepared for the site interview (must be included).
 - Your updated resume.
 - A letter explaining why you are interested in being an intern at this site.

All forms must be completely filled out and submitted to cse@cmich.edu for review.

No other forms of submission will be accepted.

Your email must include all materials in one email. Please do not submit materials in separate emails.

CED 690—Counseling Practicum Application

Name _____ Date _____

Student ID # _____ Semester _____

Cohort Name/Location _____

Course CED 690 Section # _____

Site Name _____

Semester(s) you plan to serve at *this* site: Fall____ Spring____ Summer____

CMU E-mail_____ Phone Number_____

Contents (check off)

Practicum Counselor Documents		Site Documents	
<input type="checkbox"/>	Application for Practicum	<input type="checkbox"/>	Affiliation Agreement Request form
<input type="checkbox"/>	Practicum Plan Form	<input type="checkbox"/>	Site Qualification Form
<input type="checkbox"/>	Practicum Agreement	<input type="checkbox"/>	Supervisor Qualification Form
<input type="checkbox"/>	Updated Resume	<input type="checkbox"/>	Supervisor Resume
<input type="checkbox"/>	Letter of explanation for choice site	<input type="checkbox"/>	Supervisor Professional Liability Verification
<input type="checkbox"/>	Professional Liability Insurance Verification	<input type="checkbox"/>	Proof of Site Accreditation (if available)
<input type="checkbox"/>	Criminal Record Clearance	<input type="checkbox"/>	Proof of Site HIPAA or FERPA compliance
<input type="checkbox"/>		<input type="checkbox"/>	Statement re: confidentiality

For office use only	
Date Received _____	Contacted _____
Approved: Yes _____ No _____	Comments _____

Application for Community-Based Placement Counseling Practicum

Semester: _____ Date: _____

CED Program Location: On-Campus Off-Campus (Cohort: _____)

Name: _____ Student ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employment status: Full Time Part Time Not employed

Employer: _____

Position: _____

Semester in which you took CED 660: _____ CED 660 grade: _____

Semester you intend to graduate: _____

CED Advisor: _____

Student status: Full Time Part Time

Program: CMH School Addiction

Practicum Site: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name: _____

Supervisor Phone: _____

Supervisor Email: _____

Is this a paid Practicum? Yes _____ No _____

LIABILITY INSURANCE

The Council for Accreditation of Counseling & Related Programs (CACREP), Section 3, Standard A states “Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.” As a result, students are required to purchase liability insurance for the practical courses in the program (CED 690: Practicum & CED 691: Internship). Even though CMU provides standard insurance coverage of its own, CACREP requires it and it is best professional practice to safeguard yourself.

Who do you have professional liability insurance through?

Provider: _____

Policy #: _____

Policy Effective date: _____ to _____

Have you attached a copy/proof of verification? Yes No

Please Note: Your Practicum Application will not be approved without this proof submitted with the application.

CRIMINAL RECORD CLEARANCE

Please complete the required criminal record clearance at <https://apps.michigan.gov/#>. This application will not be processed without this proof. CIT’s are not allowed to counsel any clients without this documentation. International students must obtain a clearance from their country/region of origin. Please review your student handbook regarding the criminal record check policy and consult with your advisor if you have concerns.

I have completed and attached verification of the required criminal record clearance to this application. Yes No

Affiliation Agreement Request Form

CED Program Location: _____

Student Name: _____ Student ID: _____

Phone: _____ Email: _____

Semester & Year: _____

Name of Site: _____

Supervisor Name: _____

Supervisor Email: _____ Phone: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Is this a Paid Practicum? YES NO

Authorized Contract Officer: _____
PLEASE PRINT (must be authorized to sign legal agreements on behalf of your site; may not be your supervisor)

Title of Authorized Contract Officer (ACO): _____

ACO Phone: _____ Email: _____

*Upon receipt of this request form, affiliation agreements will be prepared and sent to you to take to the site for the appropriate signatures. After signature, you need to return the signed agreement to Chelsea Rigley for the CMU official signature. The agreement can be sent via email (cse@cmich.edu) or mailed. Chelsea will send you a notice informing you when you may begin accruing hours at the site if all other required paperwork has been processed and approved, you have completed all course prerequisites, and otherwise have instructor approval. **Remember, you cannot start at the site until the agreement has been fully processed and you have received the notice from Chelsea. Please do not go to your site until the 1st day of classes.***

****Please see Affiliation Agreement section in the Practicum Manual for important details about liability issues****

For Office Use Only:

_____ Affiliation Agreement currently in effect Expires: _____ / _____ / _____

_____ NEW Contract Sent for site signature: _____

 Sent for CMU signature: _____

_____ Contract Renewal Sent for site signature: _____

 Sent for CMU signature: _____

_____ Approval sent to student Date: _____

Site & Supervisor Qualification Form

This form must be completed by your site supervisor

Student Name: _____ Date: _____

Site Name: _____

Site Location: _____

Supervisor's Name: _____

Phone: _____ Email: _____

Title/Position: _____

License(s)/Certification(s): _____

Expiration Date: _____

Education (Begin with most recent)

Institution, Location	Degree	Year

Areas of Specialization	Training/Experience in Specialization

Professional Affiliations/Memberships:

1. _____

2. _____

3. _____

Relevant Training in Counseling Supervision

Client Contact/Direct is defined as any group or individual interaction with a client(s) in which the student is responsible for facilitating some or all of that interaction. Thus, if a student is asked to sit in on a group, that time would be classified as Administrative/Indirect, and the processing of the group afterward with the group facilitator would be classified as Supervision. Accrual of Client Contact/Direct hours would begin when the student begins to take responsibility for conducting all or part of a session(s).

The hours should be assigned as follows:

Client Contact/Direct = individual client session(s) (individual counseling, couples, families, and groups);

Supervision = individual, group, and family contact with supervision;

Administrative/Indirect = non-clinical client contact (any activities except clinical contact, such as tape work, case notes, consultation, reading, preparation, and professional development).

Please Respond to the Following Questions	Yes	No
1. Is there an opportunity for the student to meet all three categories (client contact, supervision, administration)?		
2. Is this a paid Practicum?		
3. Is there an opportunity for individual counseling?		
4. Is there an opportunity for group counseling?		
5. Is there an opportunity for Couples Counseling?		
6. Is there an opportunity for Family Counseling?		
7. Is the student able to counsel clients and participate in ongoing clinic counseling (3 or more sessions with the same client)?		
8. Does the site provide the practicum student the opportunity to audio/video record and/or live supervision of the student interacting with clients?		
9. Have you provided documentation of HIPAA compliance and confidentiality (e.g., informed consent and Notice of Privacy Practices)?		

Supervisor Signature: _____ Date: _____
Please include your current resume and professional disclosure

Practicum Plan

Practicum Counselor Name: _____ Student ID #: _____

Semester: _____ Date: _

Practicum Site: _____

Practicum Counselor Schedule (day/hours)

Day	From	To	From	To
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Briefly describe the learning opportunities and responsibilities for Practicum Counselors at the site.

In the spaces provided below, list goals and activities agreed upon by the site supervisor and Practicum Counselor. **These goals should coincide with the midterm and final evaluations. Please view the evaluations for assistance.**

	Learning Goals—What	Learning Activity—How	Category—client contact, supervision, administrative
1			
2			
3			

4			
5			
6			
7			
8			
9			
10			

Learning Goals: What the Practicum Counselor and site supervisor agree as the primary goals to be achieved.

Learning Activity: What activities the Practicum Counselor and site supervisor agree as the means to achieve goals.

Category: Determine if goals have been achieved based on client contact, supervision, and administrative.

Note: The student may conduct individual counseling, group counseling or family counseling. However the majority of the required 40 face to face hours must demonstrate the ability to provide individual counseling skills.

Practicum Counselor Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Practicum Agreement

As a student in the Department of Counseling & Special Education, College of Education & Human Services, at Central Michigan University _____
(student's name) is contracting with _____
(site supervisor's name, degree, title) at _____
(school/agency/organization name) in order to fulfill the requirements of his or her Practicum.

TERM

The term of this agreement shall be for the period beginning on _____ and will terminate on _____. The agreement is subject to renegotiation or termination by any party with written notification. Any amendments or changes to the agreement prior to its expiration must be mutually agreeable to all parties who are signatories to the agreement.

REQUIREMENTS

The Practicum Counselor is expected to complete **100** clock hours of supervised counseling Practicum in roles and settings with clients relevant to their specialty area. Of the 100 hours, **40** clock hours must be working directly with clients in individual, couples, families, or group sessions, or through intake interview, biopsychosocial assessments, psychological assessment, and contacts with other parties on behalf of the client(s). Contact may also include school conferences, career counseling, social, emotional or academic guidance and crisis intervention; and other tasks specific to school counselors. The Counseling Practicum is designed to be an intensive skills focused experience. Practicum Counselors should have limited number of clients (five to seven) that span over the course of the semester. The site supervisor should provide specific, skill focused instruction to allow the Practicum Counselor to grow and develop basic counseling skills. The remaining hours should be spent in Practicum class, individual or group supervision, client preparation, related paperwork, staff/team meetings, outreach, and continuing education.

The Practicum Counselor must receive an average of one (1) hour per week of individual and/or triadic supervision provided by the site supervision or university faculty instructor. The Practicum Counselor must receive an average of one and one half (1 1/2) hours per week of group supervision on a regular schedule throughout the Practicum provided by a university faculty instructor.

LIABILITY INSURANCE

Practicum Counselors enrolled in the Masters of Counseling degree program at Central Michigan University have individual professional counseling liability insurance policies with _____

coverage of \$1,000,000 per each incident and \$3,000,000 in aggregate.

EVALUATION

The Site Supervisor will complete a Mid-term and Final evaluation of the Practicum Counselor's skills and development during the semester using a concentration specific evaluation form in Taskstream. The site supervisor will review the evaluation with the student and the student will verify receipt of the evaluation at midterm and final. *The Student Evaluation of Practicum Site and Field Supervisor* form is completed by the student for each site upon termination of her or his Practicum.

ROLES & RESPONSIBILITIES

Counseling Practicum Counselor

1. The CIT (Counseling in Training) shall function as a member of the site's staff with full rights and privileges consistent with his or her level of training and ability. In exchange, the CIT agrees to abide by and conform his or her behavior to site policies and procedures and to perform in a professional and ethical manner. However, it is understood and agreed by the CIT and site that this agreement does not give rise to an employment relationship between the CIT and site and the CIT is not entitled to any employee benefits as a result of this agreement.
2. The CIT agrees to obtain at his or her own expense individual professional liability insurance (minimum \$1,000,000 each incident, \$3,000,000 aggregate) prior to starting his or her Practicum and to maintain such insurance throughout his or her Practicum.
3. The CIT will abide by professional best practices, the American Counseling Association *Code of Ethics* (2014), site policies/procedures, and any other standards of care.

Site Supervisor

1. The Practicum Counselor and the Practicum Site Supervisor should cooperate in determining the most appropriate experiences for the Practicum Counselor, including, but not limited to, assignment of duties and arrangement of supervision.
2. The Site Supervisor must hold a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses with a minimum of 2 years of post-master's pertinent experience.
3. The Site Supervisor must provide an average of one (1) hour per week of individual and/or triadic supervision.
4. The Site Supervisor will provide appropriate supervision either directly (via co-facilitation or observation) and/or indirectly (via audio/video tape) of the student's work and provide feedback based upon that observation using the "Supervision Observation Form." This should be completed as often as possible, but no less than 4 times per semester.

5. The Site Supervisor will work with the Practicum Counselor to provide as many opportunities for individual, group, family, and couples counseling; and/or guidance and career counseling experiences as possible, including various other advising, case management, supervision, and career exploration opportunities.
6. The Site Supervisor will provide written midterm and final evaluations as required by the Central Michigan University Counseling Program.
7. The Site Supervisor should communicate freely and on an ongoing basis with the University Faculty Instructor concerning the student's progress and any issues encountered in the supervision process.
8. The Site Supervisor will provide a copy of his/her resume and professional disclosure statement.
9. The Site Supervisor will always be on-site and available to the Practicum Counselor for questions and consultation, whenever the Practicum Counselor is working.
10. The Site Supervisor will report to the University Faculty Instructor any student issues that may impair student learning, supervision, and the agency.

Site

1. The site will provide the Practicum Counselor with adequate workspace, telephone, or office supplies, as they conduct their professional activities.
2. The site will provide a qualified on-site supervisor who must be available a majority of the time.
3. The site will allow supervisors to engage in live supervision of the Practicum Counselor's sessions or audio/video tape sessions for on-site supervision. It is understood by all parties that written consent to tape will be obtained from clients prior to taping and that session recordings may be reviewed in confidence with the site supervisor or in group supervision. Recordings will be erased or destroyed no later than the end of the Practicum
4. The site will be able to provide an adequate number of clients and counseling opportunities to meet the required number of direct and indirect client counseling hours for CED 690 (100 hours total, with 40 being direct service hours) in the time allotted for the course. Opportunities in counseling, assessment, and treatment planning and intervention consistent with the CITs level of training and ability are required.
5. The site may resolve any problem situation in favor of clients' welfare and may take the client assignment from the CIT. If deemed necessary by the site, for any reason, the CIT may be removed from the site and be required to withdraw from the Practicum site.
6. The site will provide verification of HIPAA and/or FERPA compliance and accreditation status; and will provide documentation that verifies confidentiality procedures, such as informed consent, record keeping procedures etc.

University Faculty Instructor/Supervisor

1. The Practicum & Internship Coordinator will be actively involved in overseeing the Practicum Counselor's experiences. The Coordinator (or faculty instructor) will conduct an initial Site Review for any site not currently affiliated with the program before approving the site.
2. The Practicum & Internship Coordinator will determine whether site supervisors meet the identified qualifications to supervise Practicum Counselors.
3. The Practicum & Internship Coordinator will assure that the Practicum Counselor has completed the prerequisite academic work before entering the Practicum.
4. The University Faculty Instructor or the Practicum & Internship Coordinator may assist a student in identifying a Practicum site, though ultimately, it is the responsibility of the student to secure an Practicum site.
5. The University Faculty Instructor will provide an average of 1 ½ hours per week of group supervision on a regular schedule throughout Practicum.
6. The University Faculty Instructor will maintain regular and frequent contact with the Practicum Counselor and the site to ensure that duties and responsibilities are followed. As such, the Instructor will be involved in any problems that may arise between the Practicum Counselor and the site. The Instructor shall be notified immediately when a problem occurs, and the Instructor shall be involved in any subsequent decisions that affect the Practicum Counselor.
7. The University Faculty Instructor will communicate with the site supervisor on a regular basis and conduct a formal on site and/or phone contact with the site supervisor during the Practicum experience.
8. The University Faculty Instructor may request the termination of a Practicum site agreement if the site supervisor does not abide by the ethical standards and practices which are set forth by the American Counseling Association and any other relevant counseling professional organizations; applicable licensure laws related to supervision; and/or Counseling Program Practicum rules and regulations associated with supervisors.
9. The University Faculty Instructor reserves the right to assign readings, case presentations, journal entries, papers, etc., as part of the requirements of the Practicum.
10. The University Faculty Instructor shall have the responsibility to terminate any Practicum agreement where the Practicum Counselor's performance is judged to be unsatisfactory, insubordinate, unethical, inappropriate, or harmful to clients. Such action would only be taken after consultation with the Practicum Counselor and with representatives of the Practicum site.
11. The University Faculty Instructor, in consultation with the Practicum & Internship Coordinator reserves the right to amend, change, or otherwise modify its policies regarding Practicums from time to time as may be deemed necessary or appropriate.

COPIES OF THIS AGREEMENT

One copy of this agreement will be provided for the Practicum Counselor and one copy will be provided for the Practicum site. The Department will also maintain one copy in the Practicum Counselor's folder. Additional copies may be requested as needed.

SIGNATURES

Counseling Practicum Counselor Signature

Date

Site Supervisor Signature

Date

University Faculty Instructor Signature

Date

I have received and read the Practicum Manual for the Central Michigan Counseling Program in the Department of Counseling & Special Education.

Supervisors Initials: _____ **Date:** _____

Counselor-In-Training Initials: _____ **Date:** _____