

CED 690 CCCD Practicum Application

Name ID#

Address

City State Zip

Phone CMU Email Advisor

What semester/year were you *admitted* to the program? Fall Spring Year

What is your enrollment status? Full time (9 or more credits) Part time

Regular admission? Yes Semester granted? No

When are you requesting to take Practicum? Fall Spring Summer Year

First semester of CED 690 Second semester of CED 690

Please provide your total number of completed CED credits:

Please indicate whether you have completed or are enrolled in the following courses. Please note that a preference will be given to students who have completed all the courses listed below. Courses marked with a * indicate that the course is a required prerequisite for Practicum. Courses marked with a ** indicate that the course is strongly recommended before completing Practicum A. Courses marked with a *** indicate that the course is strongly recommended prior to Practicum B.

CED Course	Currently Enrolled		Already Completed		Not Taken
	Y	Semester/Year	Y	Semester/Year	
**CED 620 Introduction to Multicultural Issues in Counseling					
**CED 630 Ethics & Consultation in Counseling					
**CED 650 Theories & Techniques of Group Counseling					
*CED 660 Counseling Techniques					
*** CED 665 Personal & Professional Development Across the Lifespan					
*CED 677 Counseling Theories					
**CED 699 Diagnosis & Treatment Planning in Counseling					

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

MALPRACTICE INSURANCE

Students are required to obtain and maintain malpractice insurance while enrolled in CED 690 and CED 691. Please contact HPSO- www.hpso.com or CPS & Associates- <http://www.cphins.com/>. or join the American Counseling Association as a student member at www.counselor.org. This membership includes liability insurance.

I have completed and attached verification of malpractice insurance.

Yes No

HIPAA TRAINING

All students working in the CCCD are required to complete HIPAA training before counseling any clients. Please see the Clinic Director if you need instructions on how to complete this training.

I have completed required HIPAA training and attached verification to this application.

Yes No

Practicum Application Deadlines

Fall semester: March 1
Spring semester: October 1
Summer semester: February 1

By affixing my signature and date below, I verify that this application represents accurate information.
