

# Counseling Global Campus Cohort 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  
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E-mail: [cse@cmich.edu](mailto:cse@cmich.edu)

All forms must be completely filled out and submitted to [cse@cmich.edu](mailto:cse@cmich.edu) for review.

October 2017

**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 prepared for the site interview
  1. Your updated resume.
  2. A letter explaining why you are interested in being an intern at this site.

All forms must be completely filled out and emailed to [cse@cmich.edu](mailto: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 Credits \_\_\_\_\_

Site Name \_\_\_\_\_

CMU E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

**Contents** (check off)

- Application for Practicum
- Affiliation Agreement Request Form
- Site & Supervisor Qualification Form
- Supervisor's Resume and Professional Liability Verification
- Practicum Plan Form
- Practicum Agreement
- Site Interview Packet
- Proof of Professional Liability Insurance

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

**Application for 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: \_\_\_\_\_

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Semester in which you took CED 660: \_\_\_\_\_ CED 660 grade: \_\_\_\_\_

Semester you intend to graduate: \_\_\_\_\_

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 \_\_\_\_\_

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: \_\_\_\_\_ #: \_\_\_\_\_

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

*Please Note:* Your Internship Application will not be approved without this proof included.

**Affiliation Agreement Request Form**

CED Program Location:  On-Campus  Off-Campus (Cohort: \_\_\_\_\_)

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 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 1<sup>st</sup> day of classes.***

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

**For Office Use Only:**

\_\_\_\_\_ Affiliation Agreement currently in effect Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 6 | Page

\_\_\_\_\_ 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).

**Questions:**

1. Is there an opportunity for the student to meet all three categories (client contact, supervision, administration)? \_\_\_\_\_ Yes    \_\_\_\_\_ No
2. Is this a paid internship? \_\_\_\_\_ Yes    \_\_\_\_\_ No
3. Is there an opportunity for:
  - a. Individual counseling \_\_\_\_\_ Yes    \_\_\_\_\_ No
  - b. Couples counseling \_\_\_\_\_ Yes    \_\_\_\_\_ No
  - c. Family counseling \_\_\_\_\_ Yes    \_\_\_\_\_ No
  - d. Group counseling \_\_\_\_\_ Yes    \_\_\_\_\_ No
4. Is the student able to counsel clients and participate in ongoing clinical counseling? \_\_\_\_\_ Yes    \_\_\_\_\_ No
5. Does the site provide the internship student the opportunity to audio/video record and/or live supervision of the student interacting with clients? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please include your current resume and professional disclosure*

**Practicum Plan**

Intern Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Semester: \_\_\_\_\_

Date: \_

Practicum Site: \_\_\_\_\_

Intern Schedule (day/hours)

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

Briefly describe the learning opportunities and responsibilities for interns at the site.

In the spaces provided below, list goals and activities agreed upon by the site supervisor and intern. **These goals must be reflected on the midterm and final evaluation forms.**

	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 intern and site supervisor agree as the primary goals to be achieved.

Learning Activity: What activities the intern 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 be involved with groups and families. However, a majority of the student's experience must involve ongoing individual counseling sessions.**

**Note: The learning goals must be listed on the midterm and final evaluations.**

Intern 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 student 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). 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 student should 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 student should 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**

Students 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 student's skills and development per semester. At the end of each semester in which the student is enrolled in practicum, the Site Supervisor(s) must complete a *Supervisor's Evaluation of Student Intern* form, which is then given to the student. *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 Student**

1. The CIT 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 student and the practicum Site Supervisor should cooperate in determining the most appropriate experiences for the student, 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 will provide a minimum of one uninterrupted hour of face-to-face on-site supervision per week or for every 20 hours the student spends in practicum activities at the site.
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.
5. The Site Supervisor will work with the student to provide as many opportunities for individual, group, family, and couples counseling experiences as possible, including various other advising, case management, supervision, and career exploration opportunities.
6. The Site Supervisor will provide written evaluations as required by the Central Michigan University Counseling Program.
7. The Site Supervisor should communicate freely 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 be on-site and available to the student for questions and consultation.
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 student 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 student'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.

**Department/Program**

1. The Department of Counseling & Special Education will be actively involved in overseeing the student's experiences and will also participate in individual, triadic, or group supervision of the counseling intern. Students participate in an average of 1 ½ hours per week of group supervision on a regular schedule throughout practicum, which is provided by a university faculty instructor.
2. The Department will maintain contact with the student and the site to ensure that duties and responsibilities are followed. As such, the Department and its designated representative will be involved in any problems that may arise between the student and the site. The Department shall be notified immediately when a problem occurs, and the Department shall be involved in any subsequent decisions that affect the intern.

**COPIES OF THIS AGREEMENT**

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

**SIGNATURES**

\_\_\_\_\_ Date \_\_\_\_\_  
Counseling Student Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Program/Agency Representative Signature

\_\_\_\_\_ Date \_\_\_\_\_  
University Faculty Instructor Signature

**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: \_\_\_\_\_**