



Clinical Mental Health and School Counseling Programs

Eligibility Verification for Practicum II Experience

Name: _____ Date: _____

Bear #: _____ Advisor: _____

Degree Program: _____ Semester Taking 619: _____

Bearmail Address (no other e-mail accepted): _____

To be eligible for enrollment in the Practicum II (APCE 619) the following criteria must be met and verified. Check each of the following requirements that have been met.

<u>Required Prerequisite Courses All Students</u>	<u>Semester Taken</u>
APCE 612 Practicum in Individual Counseling	_____
APCE 657 Legal and Ethical Aspects of Counseling	_____
APCE 607 Theories of Counseling	_____
APCE 623 Understanding and Counseling Diverse Populations	_____
APCE 615 Counseling Skills and Techniques (ONLY if admitted Summer or Fall 2026)	_____
APCE 658 Diagnosis and Treatment Planning	_____

<u>Required Co-requisite Courses All Students</u>	<u>Semester Taken/Scheduled</u>
APCE 616 Career Theory Counseling and Assessment	_____
APCE 673 Appraisal and Assessment in Counseling	_____

<u>Required Prerequisites Courses School Placements</u>	<u>Semester Taken/Scheduled</u>
PSY 530 Lifespan Developmental Psychology (ONLY if admitted PRIOR to Summer 2026)	_____
APCE 602 Foundations of School Guidance	_____
APCE 608 Organization, Administration, and Evaluation	_____
APCE 606 Theories and Practices in Group Guidance	_____
APCE 605 Group Lab	_____
APCE 603 Understanding Children, Adolescents	_____

<u>Required Prerequisites for Clinical Mental Health Placements</u>	<u>Semester Taken/Scheduled</u>
PSY 530 Lifespan Developmental Psychology (ONLY if	_____

admitted PRIOR to Summer 2026)

APCE 662 Group Dynamics and Facilitation _____

APCE 605 Group Lab _____

APCE 603 Understanding Children, Adolescents _____

*** 603 only if services will be provided to children or adolescents**

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I have obtained professional liability insurance.

I have met the eligibility requirements for practicum II or will have met them prior to the beginning of the _____ term.

Signed: _____ Date: _____

Received: _____ Date: _____
(University PC External Placement Coordinator)

Approval Conditions (e.g., no child adolescent sites, cannot run groups without licensed school counselor, etc.):