



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.

Required Prerequisite Courses All Students

Semester Taken

APCE 612 Practicum in Individual Counseling	_____
APCE 657 Legal and Ethical Aspects of Counseling	_____
APCE 607 Theories of Counseling	_____

Required Co-requisite Courses All Students

Semester Taken/Scheduled

APCE 616 Career Theory Counseling and Assessment	_____
APCE 673 Appraisal and Assessment in Counseling	_____

Required Prerequisites Courses School Placements

Semester Taken/Scheduled

PSY 530 Lifespan Developmental Psychology	_____
APCE 558 Diagnosis and Treatment Planning	_____
APCE 602 Foundations of School Guidance	_____
APCE 608 Organization, Administration, and Evaluation	_____
APCE 606 Theories and Practices in Group Guidance	_____
APCE 603 Understanding Children, Adolescents	_____

Required Prerequisites for Clinical Mental Health Placements

Semester Taken/Scheduled

PSY 530 Lifespan Developmental Psychology	_____
APCE 558 Diagnosis and Treatment Planning	_____
APCE 650 Orientation to Clinical Mental Health Counseling	_____

APCE 662 Group Dynamics and Facilitation _____

APCE 603 Understanding Children, Adolescents _____

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

_____ 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.):