

PRACTICUM AGREEMENT (CLINICAL MENTAL HEALTH COUNSELING)

This agreement is made on _____ by and between _____
(date) (agency)

and the Professional Counseling Program at the University of Northern Colorado. The agreement will be effective for a period from _____ to _____ for _____
(start date of semester) (end date of semester) (# hours per week)
per week for _____.
(Student Name)

Purpose: The purpose of this agreement is to provide a qualified graduate student with a field-based practicum experience in the field of counseling.

The Professional Counseling Program agrees:

1. To assign a University Practicum Supervisor to facilitate communication between the University and the practicum site;
2. To notify the practicum student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the practicum site;
3. The University Practicum Supervisor will provide an average of 1.5 hours a week of group supervision in the form of practicum class group supervision meetings;
4. The University Practicum Supervisor or an Advanced Doctoral Student under supervision by the University Practicum Supervisor will provide weekly individual supervision (1 hour/week);
5. That the University Practicum Supervisor shall be available for consultation with both the on-site supervisor and student, and shall be immediately contacted should any problem or change in relation to student, site, or University occur;
6. That the University Practicum Supervisor in consultation with the on-site supervisor, is responsible for the assignment of a final grade.

The Practicum Site agrees:

1. To assign a practicum on-site supervisor who has (1) a minimum of a master's degree, preferably in counseling, or a related mental health profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectation, requirements, and evaluation procedures for students; (5) relevant training in counseling supervision; and (6) has the time and interest in the supervision and training of the practicum student including regularly reviewing audio/videotapes of clinical work;
2. To provide opportunities for the student to engage in a variety of counseling activities under supervision and to be involved in the evaluation of the student performance (suggested counseling experiences included in the Practicum Activities);

3. To provide the student with adequate workspace, telephone access, office supplies, and staff to conduct professional activities;
4. To provide supervisory contact which involves some examination of student work using audio/visual tapes, observation, and supervision;
5. To provide written evaluation of the student based on criteria established by the Professional Counseling Program;

The Graduate Student Counselor agrees:

1. To act in a professional manner that is consistent with the ACA Code of Ethics and practice counseling in accordance with these standards. Any breach of these ethics or any unethical behavior on the student's part will result in removal from the practicum and a failing grade. Documentation of such behavior will become part of the student's permanent record;
2. To be responsible for being available to the on-site supervisor and to the University Practicum Supervisor for conferences, (i.e., consultation, staffings, etc.), and to keep the University Practicum Supervisor informed regarding the practicum experiences;
3. To comply with the rules, policies, and regulations of the site, (i.e., staff development, working hours, schedules, etc.); and
4. To complete all practicum course requirements as outlined, and demonstrate the specified minimal level of counseling skill, knowledge, and competence in the various practicum activities evaluated during the student's practicum experience.

PRACTICUM ACTIVITIES: The practicum requires that the graduate student counselor complete a minimum of 70 clock hours. At least 30 hours are to be spent in counseling activities (with a client), which include

- ☐ 1. Individual Counseling/Psychotherapy: Personal/Social/Occupational
- ☐ 2. Group Counseling/Psychotherapy: Co-leading (Includes Psycho-educational)
- ☐ 3. Intake Counseling
- ☐ 4. Testing: Administration and Interpretation
- ☐ 5. Consultation

A maximum of 40 hours may be spent on non-counseling activities, which include:

- ☐ 1. Supervision: Individual and Group
- ☐ 2. Program Administration/Org. Dev./Implementation/Evaluation
- ☐ 3. Case Conferences & Staff Meetings
- ☐ 4. Report Writing: Record Keeping, Treatment Plans, Treatment Summaries
- ☐ 5. Case management without the client present (DHS, school, probation contacts, etc.)
- ☐ 6. Other: Specify _____

TO BE COMPLETED BY GRADUATE STUDENT COUNSELOR:

Name _____ Student I.D. _____

Address _____ City _____ State _____ Zip _____

Email address _____

Home Telephone (including area code) _____

If you are also employed elsewhere, please state place and telephone number _____

Graduate Student Counselor Signature _____ Date _____

TO BE COMPLETED BY PRACTICUM SITE:

Within the specified time frame, _____ will be the primary practicum on-site supervisor. The Practicum Training Activities (checked) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity.
(Site Supervisor)

We are required to confirm the Site Supervisor's training in counseling supervision. Please provide the dates and a title of any workshops attended or a brief description of the training for your most recent supervision training experience (in the last three years). If you have not completed supervision training in the last three years, you will need to register and complete UNC's online asynchronous Supervision course for one graduate credit during this contract period. This course is free of charge to site supervisors. Registration information will be shared with all Site Supervisors via email in the early part of the semester.

Clinical Supervisor Training(s)	Program Sponsor(s)	Date Completed	Contact Hours

PRACTICUM SITE SIGNATURES:

Agency Director or Administrator (name/title)

Signature

Date

On-site Supervisor (name/degree/license)

Signature

Date

Site Supervisor Email

Site Supervisor and/or Practicum Site Telephone

Agency address

City

State

Zip

TO BE COMPLETED BY UNIVERSITY SITE PLACEMENT COORDINATOR:

(Signatures indicate approval of practicum site)

Site Supervisor License Verification

University Site Placement Coordinator (signature)

Date

University Professional Counseling Program Coordinator (Signature)

Date

Dean of the College of Education and Behavioral Sciences (Signature)

Date