CHECKLIST FOR FIELDWORK APPROVAL COUN 698*

Must be completed prior to course registration. Approval documents must be submitted prior to approval deadline. Please see course webpage for semester deadlines. All documents must be fully completed and submitted on time in order to be approved. No late work is accepted.

As students near completion of the prerequisites for COUN 698, students should submit paperwork for approval. Prerequisites for this course are listed in the syllabus. Also, students must hold a 3.0 GPA or higher and be in Good Standing with the University in order to be approved.

- Fieldwork Contract
- Copy of Student Liability Insurance
- Supervisor & Site Form
- Affiliation Agreement
- Digital Photo of Student
- Copy of DCP Audit from ASIST
- Copy of Background Check Receipt from American Databank
- Copy of Supervisor License Verification from State Board website

**IMPORTANT APPROVAL INFORMATION:**

- Once enrolled in the final prerequisites, students will need to begin prepping for Practicum.

- Students must check the Graduate Counseling Practicum webpage for instructions on how to submit the approval documents. The approval documents will only be submitted through electronic submission. You may not fax, e-mail, or mail the approval documents to our office.

- An approval e-mail will be sent to the student with the date that the student can begin earning hours. The student cannot earn hours prior to this point.

- In addition, students must keep student liability insurance up-to-date for the duration of course enrollment.
PRACTICUM & INTERNSHIP FIELDWORK CONTRACT

Draw up a typed contract that explicitly describes the agreement between you the student, the supervisor, and the site, including:

- Student’s name, address, and telephone number
- The name, address and telephone number of the site
- The clinical supervisor’s name and credentials
- The contact person for the site, if different from the supervisor
- The time commitment per week/per semester by the student
- The supervision commitment by the supervisor

Sample Fieldwork Contract
(Use as a template)

STUDENT: John Q. Student
123 Main St
Lynchburg, VA 12345
Home: (111) 222-3333
Work: (111) 222-4444

AGENCY: Community Counseling Center
45 Shady Ln
Lynchburg, VA 12345
(111) 222-5555
Contact person: Jane Smith, LPC, ACS

I, John Student, agree to provide approximately hours of counseling-related services as a Master’s-level fieldwork student at the Community Counseling Center during the four-month period between and . During this time, I agree to become familiar with the policies and procedures of the Community Counseling Center. I will observe therapy, do co-therapy, and do individual, group, and family therapy on my own as directed by my supervisor, Jane Smith. I also agree to be available to help with any other therapy-related or educationally relevant experiences that would be helpful within the constraints of the hours. In all of my work, I will observe the established policies and procedures of the Community Counseling Center.

I, Jane Smith, agree to supervise John Student approximately 1 hour of individual supervision per week during the period between and . I will meet the responsibilities of a clinical supervisor as outlined in the “Clinical Supervisor Responsibilities” form. This includes meeting one hour per week, regardless of hours John has spent with clients. To the degree that I am able, I will try to structure John’s time so that he will have a minimum of hours of face-to-face contact with clients. I understand that this contact can include co-therapy, individual, group, and/or family therapy done by John. In addition, I will support John in conducting three (Practicum) or two (Internship) taped sessions or provide & document live supervision. I will complete periodic evaluations of John and, after discussing it with him, will submit the original into LiveText. I am aware that I will speak with the faculty supervisor at least once per term. I understand that the faculty member will provide John with group supervision an average of 1.5 hours per week.

Supervisor Name Date Student Name Date
SUPERVISOR INFORMATION FORM

*This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.

Name of Student: _______________________________ Student Number: _______________________

Student’s Full Address: ________________________________________________________________

Student’s tel. #: (home or cell): __________________________ (work): __________________________

Student’s Liberty email address: _________________________________________________________

Agency/Site Name: _________________________________________________________________

Agency/Site Address: ________________________________________________________________

Group Supervision is provided at this site:  □ Yes  □ No*

*Group supervision is a requirement of the COUN 698 Practicum course. Though the group supervision requirement may be met by faculty group supervision, students are encouraged to find sites that provide a group supervision experience.

Name of Supervisor:  □ Mr.  □ Ms./Mrs.  □ Dr. ________________________________

Position (title) __________________________________________________________________

Supervisor’s tel. #: (work): __________________________ Supervisor’s Email: ____________________

(Required) (Required)

Academic Background of Supervisor:

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<tr>
<th>Degree</th>
<th>Major</th>
<th>Year Received</th>
<th>Educational Institution</th>
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Licenses and Certifications Currently Held by Supervisor:

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<th>Type</th>
<th>Number</th>
<th>State Where Valid</th>
<th>Expiration Date</th>
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Clinical Experience & Other Relevant Information

____________________________________________________________________________________

____________________________________________________________________________________

I certify that I have at least 2 years of clinical experience in the area I am supervising: Yes □ No □

Supervisor’s Signature ___________________ Date ___________________ Student’s Signature ___________________ Date ___________________
**SITE INFORMATION FORM**

*This form must be completely filled in before our office will process and review your paperwork for Practicum or Internship approval. Any missing blanks will prevent students from being approved in the course.*

Name of Student: ___________________________

Student Number: ___________________________

Please circle the course that you are applying for:  Practicum  Internship

Student’s Full Address: ___________________________

Student’s tel. #: (home or cell): ___________

(work): ___________

Agency/Site Name: ___________________________

Agency/Site Address: ___________________________

Name of Director: ___________________________

Position (title): ___________________________

Agency/Site’s tel. #: ___________________________

Fax #: ___________________________

Usual Business Hours: ___________________________

Please check all services that apply:

☐ Agency  ☐ Individual Adult
☐ Private Practice  ☐ Group
☐ Faith-Based Center  ☐ Child
☐ University Counseling Center  ☐ Adolescent
☐ In-Home  ☐ Marriage & Family
☐ Inpatient  ☐ Psycho-educational groups
☐ Outpatient  ☐ Substance Abuse
☐ Day treatment  ☐ Rehabilitation
☐ Non-profit  ☐ Other: ___________________________
☐ Other: ___________________________

Please list at least three examples of the weekly fieldwork duties that the student will be performing:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Will the student be paid at this site? ________ If so, what are the conditions? ___________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Director’s Signature ___________________________ Date ___________ Student’s Signature ___________________________ Date ___________