Appendix A
Course Approval Documents

CHECKLIST FOR FIELDWORK
APPROVAL COUN 699*

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 699, 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 final prerequisites, student should begin prepping for the COUN 699 Internship.

- Students must check the Graduate Counseling Internship 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 _______ 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 _______ 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 699 Internship course. The group supervision requirement is met by faculty group supervision; however, 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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<th>Major</th>
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**Licenses and Certifications Currently Held by Supervisor:**

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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
- [ ] Private Practice
- [ ] Faith-Based Center
- [ ] University Counseling Center
- [ ] In-Home
- [ ] Inpatient
- [ ] Outpatient
- [ ] Day treatment
- [ ] Non-profit
- [ ] Other: 

- [ ] Individual Adult
- [ ] Group
- [ ] Child
- [ ] Adolescent
- [ ] Marriage & Family
- [ ] Psycho-educational groups
- [ ] Substance Abuse
- [ ] Rehabilitation
- [ ] 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