

INTERNSHIP SUPERVISOR FIELDWORK FORM

60-Hr. Marriage and Family Therapy (CEFS)

Fill in the blanks that describe the understanding between you the student, the supervisor, and the site, including: contact information for all parties; the clinical supervisor's name and credentials; the contact person for the site, if different from the supervisor; the student's time commitment per week/per semester; and the supervision commitment by the supervisor

STUDENT	AFFILIATE	SUPERVISOR
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Home Phone: _____	Phone Number: _____	Phone Number: _____
Work Phone: _____	Contact Person: _____	Email: _____
Email: _____	Email: _____	

STUDENT COMMITMENTS:

I, the above-referenced Student, agree to provide approximately 300 hours of counseling-related services as a Master's-level fieldwork student with Affiliate, located in [CITY/STATE] _____, during the four-month period between [MM/DD/YY] _____, and [MM/DD/YY] _____ as part of a clinical/occupational learning experience ("Experience"). During this time, I agree to become familiar with the policies and procedures of the Affiliate. I will observe therapy, do co-therapy, and do individual, group, and family therapy on my own as directed by my supervisor. I acknowledge the requirement to complete a minimum of 200 of the 240 direct service hours across two semesters through counseling couples or families. Additionally, I agree to be available for other therapy-related or educationally relevant experiences, as appropriate, within the scope of the 600 total hours required across two semesters. In all of my work, I will observe the established policies and procedures of the Affiliate.

SUPERVISOR COMMITMENTS:

I, the above-referenced Supervisor, agree to supervise Student approximately [one hour] of individual supervision per week during the period between [MM/DD/YY] _____, and [MM/DD/YY] _____. I will meet the responsibilities of a clinical supervisor as outlined in the Liberty University Fieldwork Manual, which I acknowledged having seen and reviewed in advance. This includes meeting [one hour] face-to-face per week, regardless of hours Student has spent with clients. To the degree that I am able, I will try to structure Student's time so that he/she will have a minimum of 120 hours of face-to-face contact with clients. I understand that this supervision may include co-therapy, individual, group, and/or family therapy done by Student. In addition, I will support Student in conducting two taped sessions. I will complete periodic evaluations of Student, and, after discussing it with him/her, will enter the evaluations into CORE. I am aware that I will need to have quarterly consultation via phone and/or email with the faculty supervisor. I understand that I will provide group supervision for the student to fulfill the minimum requirement of 25 hours across two semesters, within a group of three to six students and/or counselors/staff, utilizing a tutorial and mentoring model of instruction.

I acknowledge and agree that (1) I am not an employee or agent of Liberty University for any purpose, (2) I am either (a) an On-Site Supervisor, meaning I am staffed or otherwise assigned by Affiliate to the Facility and am either (i) properly licensed and in good standing in the state where the Facility is located, or (ii) master's-level, license-eligible, and otherwise authorized to supervise Students as part of the Experience; or (b) an Off-Site Supervisor, meaning I am not staffed or otherwise assigned by Affiliate to the Facility but am properly licensed and in good standing in the state where the Facility is located and authorized by Liberty and Affiliate to supervise Students as part of the Experience, and (3) I will provide appropriate evidence of my credentials upon request.

AFFILIATE COMMITMENTS:

I, the undersigned Site Director, on behalf of Affiliate, acknowledge that the supervisor named above will supervise Student as part of the Experience. With respect to off-site Supervisor, if applicable, I give permission to Student, on behalf of Affiliate to release confidential information to Supervisor to the extent reasonably necessary for the Experience in accordance with all applicable laws, Affiliate policies, and client instructions. I represent and warrant that I have authority to sign this Internship Fieldwork Form on behalf of Affiliate.

Supervisor's Signature: _____ Date: _____

Site Director's Signature: _____ Date: _____

Student's Signature: _____ Date: _____