

## **INTERNSHIP FIELDWORK CONTRACT**

### **Addiction Counseling**

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

### **Offsite Fieldwork Contract**

**STUDENT:**

Name:  
Address:  
Home Phone:  
Work Phone:

**SITE:**

Name:  
Address:  
Phone Number:  
Contact Person:

I, Student's Name: \_\_\_\_\_, agree to provide approximately 300 hours of counseling-related services as a Master's level fieldwork student at the Site's Name: \_\_\_\_\_ during the four-month period between MM/DD/YYYY: \_\_\_\_\_ and MM/DD/YYYY: \_\_\_\_\_.

During this time, I agree to become familiar with the policies and procedures of the Site's Name: \_\_\_\_\_. I will observe therapy, do co-therapy, and do individual, group, and family therapy on my own as directed by my supervisor, Supervisor's Name: \_\_\_\_\_. 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 300 hours. In all of my work, I will observe the established policies and procedures of the Site's Name: \_\_\_\_\_.

I, Supervisor's Name: \_\_\_\_\_, agree to supervise Student's Name: \_\_\_\_\_ approximately 1 hour of individual supervision per week during the period between MM/DD/YY: \_\_\_\_\_ and MM/DD/YYYY: \_\_\_\_\_. I will meet the responsibilities of a clinical supervisor as outlined in the "Clinical Supervisor Responsibilities" form. This includes meeting one hour face-to-face per week, regardless of hours Student's Name: \_\_\_\_\_ has spent with clients. *To the degree that I am able*, I will try to structure Student's Name: \_\_\_\_\_ time so that he will have a minimum of 150 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 Student's Name: \_\_\_\_\_. I will complete periodic evaluations of Student's Name: \_\_\_\_\_ and, after discussing it with Student's Name: \_\_\_\_\_ will give them the original to be uploaded to Canvas. In addition, I will support the student in conducting two taped sessions.

I, Site Director: \_\_\_\_\_, as the site director, of Site's Name: \_\_\_\_\_ agree to give permission to Student's Name: \_\_\_\_\_ to release confidential information to Supervisor's Name: \_\_\_\_\_, the offsite supervisor.

It is understood that the student has completed all necessary prerequisites for gaining supervised experience through the counseling internship. The MA in Addiction Counseling program allows students to choose intensive or online options for the helping techniques, group counseling, and diagnosis and treatment planning courses. We (student and supervisor) have discussed the student's choice of course format as part of the internship arrangement and agree to proceed with the internship according to the terms described above.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Director Signature

\_\_\_\_\_  
Date