

**COUNSELING AND PSYCHOLOGY
PRACTICUM/INTERNSHIP APPLICATION MATERIALS
TARLETON STATE UNIVERSITY**

Please complete the attached practicum/internship application materials and return them to the program office by the following deadlines:

Fall – July 15th
Spring – November 15th
Summer – April 15th

_____ Application and Agreement
_____ Waiver/Liability Release Form
_____ Proof of Liability Insurance

Student: _____

Social Security Number: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Graduate Program Degree or Certificate Plan (check one)

- Counseling Psychology (LPC)
 - Counseling (School Counselor)
 - Marriage and Family Therapy (LMFT)
 - Licensed Specialist in School Psychology (LSSP)
 - Licensed Psychological Associate (LPA)
 - Certified Clinical Mental Health Counselor (CCMHC)
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Semester and Course Requested for Field Placement:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Practicum I | <input type="checkbox"/> Internship I |
| <input type="checkbox"/> Spring Year: _____ | <input type="checkbox"/> Practicum II | <input type="checkbox"/> Internship II |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Practicum III | |
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Applicants must complete all course prerequisites and be in good academic standing to be considered. Permission of the Practicum/Internship Director is required prior to seeking a field placement and enrolling in a practicum or internship course. Approval does not guarantee placement. Student liability insurance is required. A new application is required for each semester of field placement. Refer to the university catalog or contact the Practicum/Internship Director for more information.

<p>COUNSELING AND PSYCHOLOGY PRACTICUM/INTERNSHIP APPLICATION AND AGREEMENT <i>Educational Administration, Counseling, and Psychology Department</i> <i>Tarleton State University</i></p>
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Student Applicant	Home Address	Zip
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Internship Location	Internship Address	Zip
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Social Security Number	Home Phone	Practicum/Internship Phone
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E-Mail Address

I am applying for a counseling/psychology practicum/internship during the _____ semester, _____ (year). I have secured permission as specified in the following agreement.

Please complete **all** blanks.

TSU COUNSELING AND PSYCHOLOGY PRACTICUM/INTERNSHIP AGREEMENT

This cooperative agreement is between the Department of Educational Administration, Counseling and Psychology, *Counseling and Psychology Programs* of Tarleton State University, and _____ (**name of location**), hereinafter referred to as co-trainer. The purpose of this agreement is to specify the nature of the relationship between TSU, co-trainer and the student during the practicum or internship (field placement). This agreement reflects our common interests in educating counselors and therapists and preparing them for professional responsibilities in agencies, institutions, and private practice.

Inconsideration of their participation in a cooperative practicum or internship, and the benefits and responsibilities accruing to the parties from such an agreement, TSU, co-trainer, and student, each individually and jointly agree as follows:

I.

This agreement neither requires nor involves any exchange of funds between TSU and co-trainer. This agreement does not imply that TSU will provide on-site supervision. Extensions of the programs for a student beyond one semester must be mutually agreed to by TSU, co-trainer, and student, and must be needed to meet training objectives and requirements.

II.

TSU agrees:

- A. To provide at least one on-site visit by the university's practicum/internship supervisor.
- B. That assignment of grade for the semester is the responsibility of the professor of record (TSU supervisor).
- C. That students' work will be subject to critique by the university supervisor via direct observation, tapes of sessions, and personal conferences.
- D. To the extent permitted by law, anonymity of clients will be maintained.

III.

Co-trainer agrees:

- A. To provide on-site supervision by the co-trainer's on-site approved supervisor.
- B. To indemnify or "hold harmless" TSU and/or its employees for any injuries occurring to the student or to the people with whom the student has contact should such injuries occur during the student's period of enrollment.
- C. That co-trainer has the right and privilege of reviewing and interviewing student applicants and determining whether they will be acceptable. Such decisions will be in keeping with federal guidelines protecting civil rights and rights of the disabled.
- D. To provide the student with assistance and experiences to improve: counseling and therapy skills, knowledge, and theory, practice of assessment, development of treatment programs for individuals and groups, actual provision of counseling and therapy services as treatment, records development and maintenance, and appropriate office practices and ethics.
- E. To provide adequate space, equipment and supplies during the period of supervision as would be provided to professional counselors and therapists.
- F. While providing site supervision for students, co-trainer will retain overall clinical responsibility for clients/patients.
- G. That supervisor will, as part of his/her supervisory responsibilities, provide evaluative feedback to the student and to TSU supervisor on a regular basis.

- H. That co-trainer reserves the right to suspend a student for inadequate, unprofessional, or illegal conduct or behavior for any reason deemed justifiable by co-trainer. Co-trainer agrees to communicate such status change/s to the practicum student/intern in accordance with due process guidelines, to include written and verbal communication between co-trainer and university supervisor and same between co-trainer and student regarding cause of suspension or dismissal. After notification regarding the change of student status, the Department of Educational Administration, Counseling, and Psychology will convene a committee of program faculty to determine appropriate course/s of action. Recommendations will be in accordance with established policy, procedure, and statute.
- I. To provide TSU with a written final evaluation of the student. To the extent provided by law, this evaluation will be made available to potential employers only on written request by the student.
- J. That co-trainer is not for any purpose an agent of TSU.
- K. To the extent permitted by law, anonymity of clients will be maintained.

IV.

Student agrees:

- A. That he/she retains the right to conference with university supervisor regarding case assignments and training experiences.
- B. That in addition to field assignment, student will attend periodic meetings with university supervisor at the supervisor's office.
- C. To adhere to the regulations, policies and practices of co-trainer so long as they are legal and ethical. He/she will conduct him/herself in a professional manner, complying with ethical principles of the profession and with due concern for confidentiality and the well-being of co-trainer's clients/patients.
- D. To the extent permitted by law, anonymity of clients will be maintained.

This agreement will remain in effect during the semester(s) the specified student whose name appears below is assigned to the co-trainer named in the first paragraph of this document. TSU or co-trainer may terminate this agreement by giving ten (10) days written advance notice to the other party. Further, a violation of any part of this agreement by any party may lead to termination of the agreement.

Required Signatures

CO-TRAINER SITE SUPERVISOR

Printed Name

Signature

Address Phone

Degree(s)/Credentials

CO-TRAINER SITE DIRECTOR

Printed Name

Signature

Address Phone

STUDENT

Signature

UNIVERSITY SUPERVISOR

Printed Name

Signature

Address Phone

DEPARTMENT CHAIR

Signature

Deadlines for practicum/internship application: Fall – July 15 Spring – November 15 Summer – April 15

Date application received: _____

VERIFICATION OF COURSEWORK
For School Counselors

I certify that I have completed the following pre-requisite courses for CNSL 595 or CNSL 596. Write "N/A" for "not applicable" when it applies and indicate the reason.

Required Course	Semester/Year	School	Grade
CPSY 581 Assessment & Evaluation Fundamentals			
CNSL 550 Introduction to School Counseling			
CNSL 551 Career Counseling & Guidance			
CPSY 553 Personality & Counseling, Theories & Applications			
CPSY 554 Group Procedures for Counselors			
CPSY 557 Methods & Practices in Counseling & Psychology			

Reasons for not completing any pre-requisite course:

I also certify that my cumulative graduate school grade point average (GPA) at Tarleton State University is 3.0 or greater.

Student Signature _____ Date _____

**VERIFICATION OF COURSEWORK
For LPC, LPA, & LSSP**

I certify that I have completed the following pre-requisite courses for PSY 505, PSY 584, or PSY 587. Write "N/A" for "not applicable" when it applies and indicate the reason.

Required Course	Semester/Year	School	Grade
PSY 506 Foundations, Ethics, & Professional Issues			
CPSY 553 Personality & Counseling, Theories & Applications			
CPSY 581 Assessment & Evaluation Fundamentals			
CPSY 557 Methods & Practices in Counseling & Psychology			
*CPSY 554 Group Procedures for Counselors			
CPSY 558 Counseling Perspectives on Psychopathology			

Reasons for not completing any pre-requisite course:

I also certify that my cumulative graduate school grade point average (GPA) at Tarleton State University is 3.0 or greater.

*Not required for LSSP

Student Signature _____ Date _____

**COUNSELING AND PSYCHOLOGY
PRACTICUM/INTERNSHIP
Tarleton State University**

Statement of Confidentiality

I, the undersigned, do agree to hold in strictest confidence personal information gained in a practicum/internship. This agreement is in accordance with established Codes of Ethics from professional associations as well as the licensure laws of the state of Texas. I understand the necessity for such an agreement and will abide by the implicit and explicit demands of this statement. I further understand that breaches of confidentiality will result in disciplinary action including possible dismissal for the Tarleton State University Counseling and Psychology Program.

Student

Date

AFFIRMATION, WAIVER AND LIABILITY RELEASE
TARLETON STATE UNIVERSITY
COUNSELING AND PSYCHOLOGY PRACTICUM/INTERNSHIP

In consideration of being allowed to participate in a practicum or internship course and the field placement requirement of said course, the undersigned student agrees:

1. To waive all claims for liability against Tarleton State University, the Board of Regents, Texas A&M University System, their respective officers, agents, servants, and employees, arising or in any way predicated upon acts or omissions, in connection with the above described class and program. The undersigned agrees to hold harmless Tarleton State University, the Board of Regents, Texas A&M University System, their respective officers, agents, servants, and employees from any and all liability arising out of, or in any manner predicated upon, loss or damage to property, injury or death to the undersigned, which injury may occur in connection with the operation of the above described class and program, regardless whether or not such injuries arise, in whole or in part, from the negligence of TSU or its employees.
2. That his/her participation in said class will make use of personal student experiences in the group in a classroom situation, and I hereby give my informed consent to the usage of these experiences and further agree and consent that professional observations and/or findings as well as student comments may be communicated to and discussed with the group in a classroom situation. The undersigned agrees to hold harmless Tarleton State University, the Board of Regents, Texas A&M University System, their respective officers, agents, servants, and employees from any and all liability arising out of or in any way predicated upon acts or omissions, in connection with the activity described in this paragraph.
3. To hold harmless Tarleton State University, the Board of Regents, Texas A&M University System, their respective officers, agents, servants, and employees from any and all liability arising from participation in the field internship or which might be due to injuries as a result of the co-trainer's negligence. Co-trainer represents any agency, institution or facility outside Tarleton State University that accepts the responsibility of supervising a student intern.
4. That he/she assumes all risk involved in participation in this field practicum/internship program. This assumption is made freely and voluntarily and with full and complete understanding of the consequences of such risk assumption.

Date

Student Signature

Date

University Representative Signature