



PRACTICUM APPLICATION

Student's Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Office Phone: _____

E-Mail: _____

Anticipated Starting Date of Practicum: _____

Graduate Program Concentration:

____ Community Counseling ____ School Counseling

Application Due Dates for Submission:

Summer and Spring Placement On or before October 15th

Mandatory coursework for enrollment in Practicum: Applications for practicum will be approved only after you have completed the following courses: **617:** Ethical and Legal Issues in Counseling; **CNS 620 (old EDE 684):** Laboratory in Counseling Techniques; and **CNS 622:** Individual Theories of Counseling.

Include the semester and grade you received for each of the appropriate prerequisite classes.

| Required Course | Semester & Year | Grade |
|-----------------|-----------------|-------|
| CNS 617 | | |
| CNS 620 | | |
| CNS 622 | | |

Directions: An unofficial transcript of your course work **MUST** be included with the application. An incomplete application will not be accepted. You can download it from CampusNet at www.csuohio.edu

Obtaining professional liability insurance is required. Some sites require that students have a policy in effect before beginning their practicum and some sites' policies cover the student. You should check with the site regarding their liability insurance policy.

Practicum placements must begin and end in one academic semester (Spring or Summer). A minimum of 100 hours is required for practicum. Of the 100 hours, at least 40 must be direct hours with the other 60 being direct or indirect hours. These numbers are **MINIMUMS**. Obtaining these numbers **does not** automatically terminate your obligation to your practicum or internship site. You must discuss your beginning and ending date with the on-site supervisor. ***If you have not completed your practicum requirements prior to the first day of internship class, you will be required to drop internship.***

Students must receive one hour of supervision from the on-site supervisor and three hours of group instruction in the CNS 680: Practicum class for each week of practicum hours acquired.

The on-site supervisor must hold a minimum of a master's degree from a regionally accredited university in school or agency counseling, and be licensed as a school counselor for a minimum of two years or be licensed as a Professional Clinical Counselor with a supervision endorsement (PCC-s). **Please attach a copy of your on-site supervisors resume and credentials. Please complete supervisor information if available at the time of application.**

Name of Site: _____

Site Supervisor Name
and Title _____

School Principal or
Agency Administrator _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Practicum sites should afford students the opportunity to conduct both individual and group counseling. Taping of sessions with clients must also be approved by the site as per the program requirement. Tapes may be audiotapes or VCR tapes. You will be required to turn in at least 6 tapes.

The on-site supervisor must submit a written evaluation after practicum hours are completed. It is the students' responsibility to give supervisors the appropriate evaluation forms to fill out, and to submit all forms to your internship instructor by the program deadlines. These forms are available online @ <http://www.csuohio.edu/cehs/departments/casal/counseling/>

On-site supervisors are responsible for the following:

- Arranging a suitable work environment for students
- Providing an orientation to the site
- Including students in staff meetings to the extent possible
- Ensuring their students are treated like employed counselors are treated at the site
- Providing information on how students should handle crisis situations at the site
- Informing students about services provided at the site outside the normal counseling duties
- Providing site strategies for developing new groups and leading existing ones.

I understand that I must attend the mandatory practicum orientation meeting before beginning my practicum experience. **I have read the information on this form and I understand my responsibilities as a practicum student.**

Student's Signature

Date

(This section to be completed by the practicum coordinator)

Practicum Application

____Approved

____Denied

Signature of practicum coordinator

Date

If application is denied, reason:

Please return completed form to: Practicum Coordinator, Julka Hall 275.