This information must be completed and turned in to the Counseling and Educational Psychology Department at Eastern Kentucky University. Counseling and Educational Leadership Department, 521 Lancaster Avenue, Bert Combs 406, Richmond, Kentucky 40475.

NOTE: Failure to have a completed application packet on the first night of class may result in disenrollment in the course. Students should also keep copies of each of these documents and put them in their practicum or internship portfolio for future career needs or liability issues.

Indicate Practicum or Internship and Setting:
- _____ COU 880 Counseling Practicum
- _____ COU 881 Counseling Internship
- _____ COU 881 Counseling Internship (Second or Third Semester)

(You must mark your setting below)
Ele _____ Sec___ MH____

Check one of the following:
- _____ Fall Practicum (Deadline July 1)
- _____ Spring Practicum (Deadline Dec. 1)
- _____ Summer Internship Only (Deadline April 1)
- _____ Fall Internship (Deadline July 1)
- _____ Spring Internship (Deadline Dec. 1)

NOTE: Some schools or agencies may require that you have a State Police or FBI criminal background check prior to starting work in their sites (for example in Fayette County Schools). This can take over six weeks and is the students' responsibility to find out about and have completed prior to the start of Practicum or Internship. This means that you need to check with your intended site at least two months prior to starting your experience.
Name: __________________________  StuID: __________________________

Street: ___________________________  City: __________ State: __________ Zip: __________

Phone: (H) ______________________ (W) __________________________
Fax: _____________________________  Email: __________________________

Current Employer: __________________________
Address of Current Employer:
Street: ___________________________  City: __________ State: __________ Zip: __________

Job Position: __________________________

Name and Address of Practicum Site:
Street: ___________________________  Name: __________________________
City: __________ State: __________ Zip: __________

SITE CLINICAL SUPERVISOR INFORMATION

Name: __________________________
Last: __________________________  First: __________________________
Street: __________________________
City: __________________________  State: __________ Zip: __________
SSN: __________________________
Telephone: (H) ______________________ (W) __________________________
Fax: _____________________________  Email: __________________________

Name of Graduate Degree: __________________________  Year Earned: __________

Job Position: __________________________

Years of Full Time Counseling Experience: __________

List Certificates/Licenses: __________________________

Current Employer: __________________________
Street: _____________________________
City: __________ State: __________ Zip: __________

PRACTICUM/INTERNSHIP PREREQUISITES OR COREQUISITES
All listed prerequisites must be completed prior to the semester in which you are requesting to enroll in either practicum or internship

COU 880 Counseling Practicum Prerequisites

<table>
<thead>
<tr>
<th>Course</th>
<th>Date Completed</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>EPY 816 Tests and Measurements*</td>
<td>_____________</td>
<td>_____</td>
</tr>
<tr>
<td>COU 803 Principles and Practices of Mental Health Counseling (Mental Health Counselors Only)</td>
<td>_____________</td>
<td>_____</td>
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<tr>
<td>COU 813 Professional Orientation and Ethics in Counseling *</td>
<td>_____________</td>
<td>_____</td>
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<tr>
<td>COU 814 Organization and Administration of Counseling Services (School Counselors Only)</td>
<td>_____________</td>
<td>_____</td>
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</tbody>
</table>
COU 820 Group Counseling*  
COU 825 Developmental Guidance (School Counselors Only)  
COU 840 Counseling Theory and Practice*  
COU 846 Process and Basic Techniques of Counseling*  
COU 847 Crisis and Abuse Counseling  
COU 848 Child and Adolescent Counseling  
COU 855 Diagnosis and Treatment in Counseling  
COU 849 Addiction Disorders Counseling  

**COU 881 Counseling Internship Prerequisites:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Date Completed</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>COU 880 Counseling Practicum</td>
<td></td>
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<tr>
<td>COU 804 Counseling Diverse Populations</td>
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<tr>
<td>COU 822 Lifestyle and Career Counseling</td>
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</tbody>
</table>

**COU 881 Counseling Internship Prerequisites: (Second or Third Semester)**

<table>
<thead>
<tr>
<th>Course</th>
<th>Date Completed</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>COU 881 Counseling Internship (First Semester)</td>
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</tbody>
</table>

Please attach proof of your professional liability insurance to this application, and give a copy to your site supervisor.

Detailed practicum and internship information is provided in the Practicum and Internship FAQ. Please share this information with the clinical and administrative supervisors in your site. If any unexpected changes occur in this application, a new site and supervisor must be secured before the first night of class and a new set of forms must be submitted with all appropriate signatures.
Plan of Supervision

Plan of Supervision for ___________________________
(This form should be completed and submitted with the practicum or internship application)

Supervisor's Name_____________________________________

Supervisor Survey:

- Previous supervision training? ____Yes ____No. Number of Hours ______ EKU supervision training? ____Yes ____No
- Previous supervisor experience? ____Yes ____No. Number of previous supervisees ______
- Percentage of supervisor's job spent doing counseling ______

List supervisors current professional association membership(s)____________________________________
________________________________________________________________________________

Days, Times, and Place of Planned Weekly Individual Supervision:
________________________________________________________________________________
________________________________________________________________________________

Plan for Providing Additional Access to Supervision on an As-Needed Basis and for Crises and Emergencies:
________________________________________________________________________________
________________________________________________________________________________

Methods of Supervision planned (circle all that apply):
   Individual (required)
   Audio/Video Tape Review (required)
   Co-counseling (suggested)
   Non-participant Observer in Session (suggested)
   Other:

Supervisor and Supervisee's Proposed Goals and Objectives for Supervision. (Tentative goals should be indicated here with revisions allowed as the semester begins and the supervisee and supervisor determine need.)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
This Agreement, by and between:
The Counseling and Educational Psychology Unit
Counseling and Educational Leadership Department
College of Education
Eastern Kentucky University
406 Combs
Richmond, KY 40475
(859) 622-1124 or 1125

And:
Agency or School:__________________________________________________________
Address: __________________________________________________________________
City, State, Zip: __________________________________________________________________
Phone: _______________________________________________________________________

With the identified site supervisor:________________________________________________

And the identified administrative supervisor:_________________________________________

And:
Student Name: __________________________________________________________________
Address: _______________________________________________________________________
City, State, Zip: __________________________________________________________________
Phone:(Home) ___________________ (Work) ___________________ (Email)___________________

For the purpose of providing an internship in counseling for the above-named student for:

COUNSELING 880 Practicum _____or COUNSELING 881: Internship_____
In the Fall____ Spring___ Summer(internship only)___Semester in the year_______

Under the University supervision of: (name, phone and email)

Name: This will be a Counseling faculty member. Specific contact information will be provided after the first class meeting of the course. The phone and email address below is for the department secretaries and any faculty member in the department can be reached through them.

Phone Number: (859) 622-1124/1125______ Email: sue.marz@eku.edu__

It is mutually agreed:

A. That the above-named agency or school will provide the following services and supervision:

   1. An orientation to the agency or school and definition of specific student duties.
2. Supervision to be performed by: (a person with a Masters Degree or above with at least 2 years of full time experience)

Name: ________________________________

Degree(s) held: ________________________________

Major field of study: ________________________________

Relevant work experience: (2 year clinical experience minimum)

3. Weekly review of the student’s performance via a one-hour individual supervision meeting with the student including review and approval of the student’s weekly practicum or internship log.

4. The supervision of the student will be done in accordance with the guidelines established by the agency or school for all regular personnel, keeping in mind the enclosed guidelines for supervisors as recommended by the ACA (American Counseling Association).

B. That the student will:

1. Be at the agreed upon location on the following days at the following times:

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   2. Be assigned the following specific duties and responsibilities:

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   3. Attend weekly group supervision meetings at Eastern Kentucky University.

   4. Keep a log of time spent including weekly summaries, which will be reviewed and signed by the practicum/internship on-site supervisor.

C. That Eastern Kentucky University Training Program will:

1. Advice the student as to the requirements (seminars, reports, evaluations) involved in the Practicum or Internship.
2. Provide supervision meetings to discuss common problems and experiences, as well as to assist student in case study presentation and other areas of concern.

3. Provide additional experiences, including group counseling opportunities, opportunities for video and audio tape reviews, professional seminars and referral sources for client as well as personal needs.

4. Maintain periodic contact with the field supervisor and the student to discuss the student’s progress, including on-site visits, phone contact and email by the student’s university supervisor as needed for the purpose of meeting with the on-site supervisor.

5. Maintain appropriate records for registration and grading.

It is the expectation of all three parties involved that the above conditions be met. Should it become apparent that they are not being met by any of the parties, it is imperative that all three parties discuss why these expectations have not been met at the earliest possible date.

The following signatures verify agreement of the stated conditions:

Student Signature: _________________________________

Date: __________________

On-Site Supervisor: _________________________________

Date: __________________

University Supervisor: _______________________________

Date: __________________
Ethical and Policy Guidelines for Supervision

(This form should be read, signed and submitted with the practicum/internship application)

1. Site supervisors will not transfer weekly supervision to another person instead of the university approved supervisor without approval. The supervisee may seek additional supervision by qualified supervisors. However, this is additional supervision, not a substitute for the weekly, individual supervision provided by the approved site supervisor.

2. Site supervisors will work with the student to develop a Supervision Plan and conduct weekly, individual, structured, regularly scheduled supervision experiences relative to the plan.

3. If an emergency necessitates that the site supervisor cancel the regularly scheduled supervision session, please re-schedule within the same week if possible and make up the time with the supervisee.

4. Site supervisors will provide your supervisee with access to supervision at all times in case of emergency or crisis in the practicum/internship setting. You may maintain electronic or physical access. If you are not available, please appoint a substitute supervisor for the supervisee. However, if you are gone for more than 2 weeks, the substitute must be approved by the university practicum supervisor.

5. Site supervisors will review, verify, and sign the supervisee's practicum/internship log on a weekly basis during the supervision hour which verifies the supervisee's work.

6. Site supervisors will monitor the supervisee's direct and indirect counseling hours via the weekly log. A minimum of 40% of the practicum/internship required hours must be in direct counseling and a maximum of 60% of the hours may be indirect activities.

7. Site supervisors will contact the university practicum/internship supervisor immediately should any problems arise in the field that might affect the supervisee's grade, such as lack of skill development, unethical, unprofessional, or illegal behaviors. They will also make weekly contacts with the university supervisor to assure supervisee progress.

8. Site supervisors will keep a set of supervision notes, copy of progress reports, and copy of midterm and final evaluations for their records and future liability issues. Please share these reviews with the student regularly and in writing with a remediation plan if necessary. Please work out all remediation needs with the university supervisor.
9. Site supervisors will provide weekly live observation or tape review of the supervisee's counseling skills. Please work with the supervisee on advanced counseling skill development relative to your setting.

10. Site supervisors will screen clients for the appropriateness and level of competence of the supervisee. Please assist the supervisee with obtaining advance client permission so that they may begin seeing clients at the start of practicum/internship experience.

11. The practicum/internship policy also indicates that the supervisee is to directly report abuse after consulting with the supervisor and not leave the reporting only to the supervisor.

12. The practicum/internship policy is that school counselor site supervisors must be school counselors who are currently practicing and certified at the appropriate level. In addition, they must spend a significant portion of their time actually counseling clients as opposed to management, clerical, and other non-counseling tasks.

13. The field of mental health counseling is open to supervision outside the field and believes there is something of value in cross discipline supervision from social work, psychology, psychiatry, expressive therapists, psychiatric nurses, family therapists, etc. The practicum/internship policy requires that the supervisee provide the site supervisor with a current copy of the American Counseling Association (ACA) Code of Ethics and Standards of Practice which is available at www.counseling.org.

14. Ethical standards indicate that counselors and other mental health professionals need to belong to their professional association. The practicum/internship policy strongly suggests that site supervisors belong to either their national or state professional association, such as the American Counseling Association or one of its Divisions, the Kentucky Counseling Association, the Kentucky School Counseling Association, or the professional association of their mental health discipline.

______________________________________________
Site Clinical Supervisor (Date)
(Counselor /Mental Health Practitioner)