



Department of Counseling & Student Affairs  
Clinical Mental Health / Marriage, Couple, & Family  
Practicum Application Form

**Student Information**

Name	_____	WKU ID (800#)	_____
Address	_____	City, State, Zip	_____
Home Phone	_____	Cell Phone	_____
Topper Email	_____	Other Email	_____
Program	_____	Faculty Advisor	_____

**Anticipated Clinical Term Information**

Practicum	Semester	Summer	Year	_____
Internship 1	Semester	Fall	Year	_____
Internship 2	Semester	Spring	Year	_____

**Proposed Clinical Sites**

List approved sites that appeal to you and their city locations. See the [Practicum and Internship Manual](#) for site and supervisor requirements to establish a new site (discuss this with the Clinical Coordinator early). If you already know which site you plan to choose, you only have to list that one.

1.	_____	Location	_____
2.	_____	Location	_____
3.	_____	Location	_____

**Practicum Application Package Checklist**

In order for this application to be considered, submit all of the following documents electronically; check that you have completed them.

<input type="checkbox"/> Complete and submit <i>Practicum Application Form</i> (this form)	Date	_____
<input type="checkbox"/> Copy of unofficial graduate transcript	Date	_____
<input type="checkbox"/> Proof of professional membership (i.e., ACA, AMHCA, AAMFT, KCA, KAMFT)	Expiration	_____
<input type="checkbox"/> Copy of malpractice insurance (i.e., ACA, AMHCA, HPSO)	Expiration	_____
<input type="checkbox"/> Practicum Orientation Completed (no submission due; sign in at orientation required)	Date	_____

**Practicum & Internship Informed Consent**

1. I attest that I have met the following academic requirements which include:
  - a. Reviewed the P&I manual carefully and understand that I am responsible for asking questions or acquiring any clarification about the contents of the manual.
  - b. Read the departmental policies and understand that I am responsible for following them.
  - c. Completed (or in process) CNS 554, 555, 558, 559, and 560 with a grade of B or better.

d. Attended the mandatory CMHC/MCFC practicum and internship orientation.

2. I understand that as a practicum student, I must do the following:

- a. Complete all required paperwork on the P&I website by the deadlines listed.
- b. Review the Site Information Forms and do the necessary research to determine the ideal placements for my clinical experiences.
- c. Discuss my practicum and internship options with my Faculty Advisor and/or Clinical Coordinator.
- d. Once my Practicum Application Package has been approved by the Clinical Coordinator, I will follow the application instructions on the Site Information Form to apply to the sites indicated on my form. If I wish to contact other sites not originally indicated, I will notify the Clinical Coordinator.
- e. If I wish to establish a new site that has not yet been approved, I will review and follow the instructions in the P&I manual to ensure the site and supervisor meets the requirements and contact the Clinical Coordinator to proceed in approving the site.

3. Upon enrolling in Practicum, I agree to the following:

- a. To adhere to the policies, rules, standards and practices set forth by the Department of Counseling and Student Affairs for the Practicum/Internship experience that are expected of me as outlined in the Practicum and Internship Manual.
- b. To review the American Counseling Association (ACA) Code of Ethics and other ethical codes or guidelines related to my site and behave according to these standards. Any breach of these ethics or any unethical behavior on my part will result in my removal from practicum/internship and a failing grade, and documentation of such behavior will become part of my permanent record.
- c. To adhere to the administrative policies, rules, standards, and practices of the practicum site.
- d. To accept responsibility for keeping my practicum and internship Site Supervisor(s) informed regarding my clinical experiences.
- e. To be issued a passing grade in practicum/internship only when I demonstrate the specified minimal level of counseling skill, knowledge, and competence and complete course requirements as required. That is, I must earn at least a "B" in practicum in order to proceed into internship. Furthermore, the same rule applies to progression from the first semester of internship to the second semester of internship.
- f. To understand that an assessment of my progress throughout the program (including practicum and internship) will be conducted. This assessment will include consideration of my academic performance, professional growth, and personal development.
- g. To obtain and review a video recording all of my counseling sessions and show the tapes during individual and group supervision.

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Student Signature

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Date

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Clinical Coordinator

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Date