



  
 SCHOOL OF NATURAL  
 AND SOCIAL SCIENCES

*Master of Arts in Clinical Mental Health Counseling*

## PRACTICUM/INTERNSHIPS PRE-REGISTRATION FORM

**DUE** to the practicum/internship coordinator by **May 15<sup>th</sup>** for fall practicum/internships, **September 21<sup>st</sup>** (for spring practicum/internships), and **January 30<sup>th</sup>** (for extended summer term practicum/internships).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Check the term in which you anticipate taking part in your practicum:      Spring                  Summer                  Fall

What is your current cumulative GPA?

Did you enter the program on conditional status?      If so, what were your conditions and how did you meet them?

Can you provide proof of student member of the ACA and/or TCA?      Yes      No

Can you provide proof of liability insurance?      Yes      No

Where was your liability insurance obtained:      ACA      TCA      Other:

2016 CACREP Standards state that “site supervisors have (1) a minimum of a master’s degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program’s expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision” (p. 15).

Have you read and do you understand the above statement about site supervisors?      Yes      No

What are some of the populations, issues, or sites you are interested in gaining experience from your practicum/internship classes?

My written reflection (300-500 words) on my perceived strengths and weaknesses as a counselor, focusing on the critical competencies from the Counselor Competencies Scale—Revised (CCS-R) is being submitted along with this preregistration form.      *initials*

I acknowledge that the following items must be submitted to the practicum/internship coordinator before I can register in the practicum or internship course for which I am currently preregistering:      *initials*

Practicum/Internship I/II Site Checklist

Proof of student membership in a professional organization (e.g. ACA, TCA, PWCA)

Proof of liability insurance

I acknowledge that I must submit my signed Practicum or Internship Site Agreement before I may begin accumulating hours at my practicum/internship site. *initials*

Please indicate in the chart below the courses you have completed including the semester enrolled/completed and the grade received. Additionally, indicate in which courses you are currently enrolled by writing *in progress*.

**Core Courses (51 hrs.):**

COURSE #	COURSE TITLE	SEMESTER ENROLLED	GRADE
COUN 5300	Foundations of Clinical Mental Health Counseling*		
COUN 5301	Theories of Counseling and Psychotherapy*		
COUN 5303	Techniques in Counseling & Psychotherapy*		
COUN 5305	Group Counseling & Psychotherapy*		
COUN 5309	Introduction to Assessment		
COUN 5312	Lifespan Development		
COUN 5316	Advanced Psychopathology*		
COUN 5321	Research Design and Statistics		
COUN 5327	Sociocultural Factors for Counseling Professionals		
COUN 5330	Professional Issues and Ethics for Practice		
COUN 6301	Marriage and Family Therapy		
COUN 6305	Career Counseling Across the Lifespan		
COUN 6313	Counseling Practicum**		
COUN 6350	Counseling Internship I***		
COUN 6322	Counseling Related to Issues of Trauma and Crisis		
COUN 6326	Addictions Counseling		
COUN 6352	Counseling Internship II		

**Elective Courses (9 hrs. from the following):**

COURSE #	COURSE TITLE	SEMESTER ENROLLED	GRADE
COUN 6302	Play Therapy		
COUN 5313	Counseling with Children and Adolescents		
COUN 6303	Fundamentals of Cognitive-Behavioral Therapy		
COUN 6320	Psychopharmacology: Implications for Diagnosis and Treatment of Psychopathology		
COUN 6324	Advanced Ethics for Professional Practice		
COUN 6351	Evidence-Based Practices of Faith Integration in Counseling		

\* Minimum prerequisite courses needed for consideration for enrollment into COUN 6313 Counseling Practicum.

Completion of these courses does not guarantee placement into Counseling Practicum.

\*\* Prerequisite for COUN 6350 Counseling Internship I.

\*\*\*Prerequisite for COUN 6352 Counseling Internship II.

Is the track listed on your degree audit accurate?      Yes      No      If “No,” please explain:

**My Signature Below Acknowledges the Following:**

I have read the MAC Graduate Handbook, including the section on “Remediation/Disciplinary and Professional Conduct Policy.” Additionally, I acknowledge that I understand the contents of the section on Practicum and Internships, and I am aware that I can discuss the contents or ask questions of my faculty supervisor or the MAC graduate program director concerning any material contained in the Handbook. I agree to abide by all procedures, policies and guidelines in the Handbook. I understand that this acknowledgment will be put in my student practicum file. *initials*

I have completed the Practicum & Internship Orientation. *initials*

I have read and will adhere to the:

2014 ACA Code of Ethics, which can be found at <http://www.counseling.org> and the Standards of practice or ethical standards of the jurisdiction of the practicum site. *initials*

I understand that any breach of these professional ethics will result in my removal from the practicum, a failing grade, and documentation in my permanent academic record. *initials*

I agree to adhere to the administrative policies, rules, standards, practices, and program requirements of the practicum/internships and of East Texas Baptist University’s Master of Arts in Counseling program. *initials*

As a counselor-in-training, I can be held liable for malpractice in counseling. Thus, I am required to obtain liability insurance. East Texas Baptist University assumes no responsibility to defend, hold harmless, or indemnify any counselor-in-training student sued for malpractice. I have provided a copy of my liability insurance to the Practicum and Internship Coordinator. *initials*

I give my permission for East Texas Baptist University to release my contact information to the agency at which I am requesting placement for my practicum/internship to allow my practicum/internship site to be able to contact me if necessary. *initials*

**My Contact Information is:**

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that checking this box electronically serves the same purpose as affixing my original signature to this document.

Practicum/Internship Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that checking this box electronically serves the same purpose as affixing my original signature to this document.