

ARGOSY UNIVERSITY/SFBA PRACTICUM CONTRACT

Master of Arts in Counseling Psychology

(please type or print clearly)

Student Name: _____ Phone () _____

Address: _____ City _____ Zip _____

Placed as a practicum trainee at:

Name of Agency: _____ County _____

Address: _____ City _____ Zip _____ Phone _____

Mailing Address (if different): _____ City _____ Zip _____

The primary supervisor will be:

<i>Name, Degree, CA Mental Health Lic. #</i>	<i>Year Licensed</i>	<i>Hours/Wk. Ind. Supervision</i>
_____	_____	_____

Description of practicum activities and hours per week (please specify exact number of hours):

# of Hours	# of Hours	# of Hours
Direct Services:	Supervision:	Additional Info. (optional)
_____ individual, couple and/or family therapy	_____ individual supervision	Type of setting (e.g., hospital, Outpt, clinic, residential, school, etc.) _____
_____ group therapy	_____ group supervision	Populations served _____
_____ intake interviewing	Training:	Theoretical Orientation _____
_____ assessment and testing	_____ training seminars	
_____ other _____	_____ case conferences	
Indirect Services:	_____ didactic training	
_____ administrative/paperwork	_____ staff meetings	
_____ other _____	_____ other (co-therapy, etc.)	
_____ Total Hours/Services	_____ Total Hours/Supr. & Training	

TOTAL HRS / WEEK _____ **# OF WEEKS** _____ **TOTAL PROPOSED HRS / YEAR** _____

This practicum will begin _____ and ends _____. The stipend is \$ _____ per _____, or _____ There is no stipend.
m / d / y *m / d / y*

The agrees to fulfill the responsibilities and terms as outlined (*on the reverse side of contract*). The agency agrees to provide training and supervision as indicated (*see reverse side*). The primary supervisor will complete written evaluations of the student, and the student will complete a written evaluation of the practicum experience.

Signatures:

Student: _____
(signature) (print name) (date)

Primary Supervisor: _____
(signature) (print name) (date)

Agency Training Director: _____
(signature) (print name) (date)

School Representative: _____
(signature) Amy Brom, M.S.W. (date)
Director of Training, MACP

The ARGOSY UNIVERSITY/SFBA Training Department is pleased that you have accepted our student for your Practicum site. We are committed to facilitating a positive relationship between you and our student, and believe there is a mutual responsibility in insuring that this happens. Below are minimum standards that we have identified for each student and for the Practicum site. By signing this *Practicum agreement*, the student, you as the Practicum site Director, and the Director of Training at ARGOSY UNIVERSITY/SFBA are committing to abide by these standards of practice and training.

This student agrees with the following:

- Is in good academic standing, is taking required courses, and is maintaining the required grade-point average for ARGOSY UNIVERSITY/SFBA students.
- Has been enrolled a minimum of three semesters, and has completed all prerequisite courses prior to the start of the practicum training year.
- Is fully covered under the ARGOSY UNIVERSITY malpractice liability insurance policy. Proof of coverage and policy inclusions can be requested from the Director of Training.
- Makes a professional and ethical commitment to the site and to its personnel and clients, in accepting this Practicum placement.
- Abides by a code of ethics and conduct as delineated by mental health professions, such as psychology, counseling, social work, psychiatry, etc.
- Is on site to meet the required number of hours for the practicum, as specified by the student’s program at ARGOSY UNIVERSITY/SFBA. One-hundred, fifty (150) of these hours should be in direct clinical contact, such as individual, couple, family or group therapy or counseling sessions, intake and assessment interviews, crisis intervention, and psychoeducational groups.*
- To notify the Practicum site Director and the ARGOSY UNIVERSITY/SFBA Training Director about any concerns, problems, or changes in his/her status as a student or trainee.

The Practicum site Director agrees to the following:

- Provide supervision as required under the Board of Behavioral Science’s *Responsibility Statement for Supervision of a Marriage, Family and Child Counselor Intern or Trainee (7/02)*. Each supervisor will provide a signed copy of this statement to the student prior to commencing supervision.
- Provide a minimum of 1 hour a week of individual supervision, and/or 2 hours/week of group supervision in a group of not more than 8 persons, for every 5 hours of direct therapy services provided by the student. Supervision is provided on a consistent, scheduled basis.
- Provide a minimum of 500 hours for the practicum year, as required by the student’s program at ARGOSY UNIVERSITY/SFBA—150 of which must be in direct clinical contact (see above for specific hours and examples of direct clinical contact). Students need to have a sufficiently available, appropriate, and diverse clientele with whom to work.
- Allot other Practicum hours for supervision, other learning experiences, and written clinical reports (e.g. progress notes, intakes). Learning experiences include seminars, workshops, case conferences, and program development.
- Complete a *Practicum Evaluation Form* at the end of each semester (i.e. December, April, or August) on the student’s training progress. Review the student’s *Practicum Experience/Hours*, at the end of each semester, which documents the hours the student performed in essential training activities.
- Provide guidance and opportunities for the student to tape clinical sessions. Students may be required to present at least one clinical tape in their seminars each semester. They may also be required to submit a formal sample of their work, consisting of a taped session, a transcription of the session, and a written report, to their seminar leaders in the Spring.
- Be in contact with the student’s seminar leader and/or Training Director to coordinate the training of the student and to communicate important information. ARGOSY UNIVERSITY/SFBA is committed to working with practicum sites to address concerns or problems regarding our students.
- Overall:
 - a) provide a training program that is supported and understood by the administration and staff at the agency;
 - b) provide a training milieu that is safe, supportive and challenging, with appropriate space to conduct clinical work;
 - c) have agency personnel who emphasize responsiveness to cultural diversity, e.g., gender, race, sexual orientation, disability, and religion; and, d) abide by a code of conduct and ethics as delineated by mental health professions (e.g. psychology, counseling, social work, psychiatry etc.).

Signatures: Student: _____
(signature) (print name) (date)

Primary Supervisor: _____
(signature) (print name) (date)

Agency Training Director: _____
(signature) (print name) (date)