

**MURRAY STATE UNIVERSITY COUNSELING PROGRAM
PRACTICUM/INTERNSHIP FIELD SETTING APPROVAL FORM**

STUDENT NAME: _____

SEMESTER AND YEAR: _____

CNS 790 _____ CNS 794 _____ CNS 795 _____ CNS 796* _____ CNS 797* _____

PREVIOUS SETTING: _____

FIELD SETTING: _____

FIELD SUPERVISOR: _____

TITLE, DEGREE, CERTIFICATES, LICENSES: _____

CHECKLIST: **Please initial**

___ 1. The field setting provides an appropriate private setting for counseling with videotaping capabilities. (CACREP Section 3: B)

___ 2. The field setting provides a sufficient number of client hours to meet the departmental requirements for practicum (150 total and 40 direct) (CACREP Section 3: F/G) and internship (300 total and 120 direct for each internship) (CACREP 3: J/K).

___ 3. The field setting provides the type of clients consistent with my present level of training.

___ 4. The field supervisor meets departmental requirements (e.g. experience, degree, major, certificates, license). (CACREP Section 3: P)

___ 5. Site Supervisor has/will complete a supervision training (either through the state or regionally).

___ 6. The field supervisor will provide one hour per week of 1/1 supervision. (CACREP Section 3: H)

___ 7. The field setting provides an opportunity to facilitate a counseling or psychoeducational group. (CACREP Section 3: E)

___ 8. The field setting can provide opportunities to become familiar with variety of professional activities and resources, including technological resources, during their practicum and internship. (CACREP Section 3: D)

___ 9. Affiliation Agreement between MSU's Department of Educational Studies, Leadership, and Counseling and field setting is in place. (CACREP Section 3: R)

I certify that the above requirements are met for the above field setting.

Student Signature

Date

Field Supervisor Signature

Date

Faculty/Practicum-Internship Supervisor/Advisor

Date

(signed form will be filed in student's file)

*Advanced Internship I and II for MA School to EdS CMHC

For Department Use Only

Date received _____

Clinical Coordinator Initials: _____