

CNS 790 - PRACTICUM APPLICATION

This form must be completed and Submitted by October 1st for Spring Practicum or by March 1st for Fall Practicum. Completion of this form does not guarantee admittance to a practicum section. Once this application has been received and accepted and the section is still open, faculty supervisors will e-mail you to let you know that the registration hold has been removed and you will be allowed to register for practicum. Return to: Dr. Pender, Murray State University, Alexander Hall, Murray, KY 42071 or fax to (270) 809-3799

Name _____ Date _____

Program: _____ Expected Graduation _____

Address: _____

Phone #: _____ E-mail: _____

Intended Semester and year for practicum: FALL SPRING Year _____

Type of Settings: Elementary Middle Secondary Agency Private Prac.

Name of Intended Practicum Site: _____

Address of Practicum Site: _____

Name of Potential Site Supervisor: _____

Eligibility for Practicum

Please check all of the courses you will have completed by the time you start your Practicum. You should have completed a minimum of **three of the following classes including CNS 619, Foundational Counseling Skills and CNS 624 Theories of Counseling** before you begin your practicum.

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|---|----------------------------|
| ___ CNS 617, Introduction to Counseling | Date Complete _____ |
| ___ CNS 618, Issues in Mental Health Counseling | Date Complete _____ |
| ___ CNS 619, Foundational Counseling Skills (<i>required</i>) | Date Complete _____ |
| ___ CNS 624, Theories of Counseling Skills (<i>required</i>) | Date Complete _____ |
| ___ CNS 635, Human Development | Date Complete _____ |
| ___ CNS 671, Multicultural Counseling | Date Complete _____ |
| ___ CNS 692, Group Counseling | Date Complete _____ |
| ___ Other _____ | Date Complete _____ |

Student Signature: _____

<p><u>For Department Use Only</u></p> <p>Date received _____</p> <p>Clinical Coordinator Initials: _____</p>
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