

# **AMBERTON UNIVERSITY**

## **MATERIALS NEEDED BY COUNSELING PRACTICUM APPLICANTS**

### **INSTRUCTIONS:**

An applicant for a counseling practicum should review all the materials attached each session.

#### **APPLICATION FOR COUNSELING PRACTICUM (Two Copies)**

Both copies (Amberton University Copy & Facility Copy) must be completed and submitted to the Practicum Professor by the student each session. Once approved by the Practicum Professor, the student will return the Facility Copy to the Supervisor.

*Students are strongly discouraged from completing a practicum at a site that advertises them on their website or any other social media platform. Please be aware that Amberton University does not endorse this practice. Students that engage in this practice could be found guilty of practicing without a license which is both an ethical violation and a potential criminal offense. Please refer to your Program Handbook for more information.*

#### **FACILITY SUPERVISOR'S REQUIREMENTS & EVALUATION FORMS**

Must be provided to Facility Supervisor each session.

#### **STUDENT'S EVALUATION OF A PRACTICUM**

Should be submitted to course Professor at end of practicum.

#### **EDUCATIONAL EXPERIENCE AFFILIATION AGREEMENT (Two Copies)**

Both copies (Amberton University Copy & Facility Copy) must be completed and submitted to the Practicum Professor by the student each session. Once approved by the Practicum Professor, the student will return the Facility Copy to the Supervisor.

**AMBERTON UNIVERSITY COPY**

**AMBERTON UNIVERSITY**

**APPLICATION FOR A COUNSELING PRACTICUM**

To be completed by the student applicant:

Students must provide all information requested in this application. The application and all other requested documents must be properly completed and submitted to the Practicum Professor prior to or during the first class meeting. The following documents MUST be included with this application:

1. Two completed copies of the Application for a Counseling Practicum form and two completed copies of the Practicum Experience Affiliation Agreement.
2. A copy of the student's liability insurance policy reflecting coverage for the year.

**STUDENTS WHO FAIL TO SUBMIT ALL REQUIRED DOCUMENTS WILL BE ADMINISTRATIVELY DROPPED FROM THE COURSE.**

**STUDENT INFORMATION**

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City,

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Place of Employment

Please check only one:

Session \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ CSL6840 Practicum I

\_\_\_\_\_ CSL6845 Practicum II

\_\_\_\_\_ CSL6850 Practicum III

Practicum Professor \_\_\_\_\_

Practicum Professor's Phone # \_\_\_\_\_

Practicum Professor's Email \_\_\_\_\_

**INSURANCE INFORMATION**

Name of Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Effective Dates of Coverage: \_\_\_\_\_ / \_\_\_\_\_  
From To

**FIELD SUPERVISOR AGREEMENT**

Practicum Site: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Years Practicum Site Open: \_\_\_\_\_ Licensed Counselors on Staff: \_\_\_\_\_

Website: \_\_\_\_\_

Field Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Field Supervisor Email: \_\_\_\_\_

The above named student has been accepted for (check one)

\_\_\_\_\_ CSL6840 Practicum I    \_\_\_\_\_ CSL6845 Practicum II    \_\_\_\_\_ CSL6850 Practicum III

to begin \_\_\_\_\_ and end \_\_\_\_\_  
Date Date

The Counseling Practicums I and II, CSL6840 and CSL6845 are designed to provide the mandatory 300-hour practicum required for licensure in the State of Texas.

As the Field Supervisor, I understand and accept the responsibilities of the practicum supervisor and agree to supervise the above named student.

\_\_\_\_\_  
Field Supervisor/Representative Signature Date

**STUDENT ACKNOWLEDGMENT AND RELEASE**

I certify that the information provided within this application is correct. I authorize the practicum site field supervisor and/or representative to release any and all information concerning me and/or my performance to Amberton University.

\_\_\_\_\_  
Student Name (Printed) Student Signature Date

Application Approved: YES ( ) NO ( )

\_\_\_\_\_  
Practicum Professor Signature Date

## AMBERTON UNIVERSITY

### APPLICATION FOR A COUNSELING PRACTICUM

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Last name	First name	Social Security #
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\_\_\_\_\_  
Street Address

City,	State	Zip
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Home Phone	Work Phone
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\_\_\_\_\_  
Place of Employment

Please check only one:      Session \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ CSL6840 Practicum I    \_\_\_\_\_ CSL6845 Practicum II    \_\_\_\_\_ CSL6850 Practicum III

Practicum Professor \_\_\_\_\_

Practicum Professor’s Phone # \_\_\_\_\_

Practicum Professor’s Email \_\_\_\_\_

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Physical Address: \_\_\_\_\_

Years Practicum Site Open: \_\_\_\_\_ Licensed Counselors on Site: \_\_\_\_\_

Practicum Site Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Field Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Field Supervisor Email: \_\_\_\_\_

The above named student has been accepted for (check one)

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\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Application Approved:    YES ( )    NO ( )

\_\_\_\_\_  
Practicum Professor Signature

\_\_\_\_\_  
Date

**AMBERTON UNIVERSITY**  
**FIELD SUPERVISOR REQUIREMENTS & EVALUATION FORMS**

To be provided to the Field Supervisor

**Licensed Professional Counselor Practicum Supervisor**

Must have one or more of the following credentials:

- (a) a Licensed Professional Counselor (L.P.C.) in the state of Texas or another state
- (b) a Licensed Marriage & Family Counselor (L.M.F.T.) in the state of Texas or another state
- (c) a Licensed Psychologist in the state of Texas or another state
- (d) a Licensed Psychiatrist in the state of Texas or another state
- (e) a Licensed Chemical Dependency Counselor in the state of Texas or another state
- (f) a Licensed Master Social Worker (L.M.S.W.) in the state of Texas or another state

All Practicum supervisors and/or any exceptions to the above qualifications must be approved by the Practicum Professor.

**RESPONSIBILITIES OF SUPERVISORS**

The student has a right to expect the Field Supervisor to:

1. be qualified to supervise and provide adequate supervision
2. state the purposes and nature of supervision
3. promote competency for supervisees
4. meet with the supervisee on a regular basis to give ongoing evaluation and feedback (A minimum of a one-hour supervision meeting weekly with the supervisee)
5. oversee all cases and the records involved with each case
6. provide guidance and instruction in using various models of therapy
7. provide guidance regarding ethical issues and the appropriate reporting procedures
  - a. threat of harm to self or others
  - b. dual relationship issues
  - c. sexual issues
  - d. fee issues of the agency

- e. child/elder/sexual abuse issues
  - f. other
8. provide guidance and instruction regarding legal issues
    - a. the L.P.C. code of ethics
    - b. the A.C.A. code of ethics
    - c. record keeping of all sessions as required by law
    - d. the Texas L.P.C. Board rules and regulations
  9. provide the establishment of a supportive environment for the supervisory relationship
  10. demonstrate a sensitivity to the supervisee's personal and professional needs that affect counseling
  11. negotiate a mutual agreement with the counselor regarding training and supervision needed
  12. explain to the supervisee the supervisor's style of supervision
  13. relate to the counselor in the various roles of
    - a. Teacher
    - b. Consultant
    - c. Evaluator
  14. provide an explanation of all forms to be used by the counselor
    - a. Intake form
    - b. Discharge Planning form
    - c. Multiaxial Diagnosis form
    - d. other
  15. utilize appropriate supervisory interventions, such as
    - a. role-playing
    - b. role-reversal
    - c. live supervision
    - d. video and/or audio taped sessions
  16. assist the supervisee in developing knowledge and skills necessary to work with clients from ethnically and culturally diverse populations
  17. assist the supervisee in recognizing his/her personal limitations to protect the welfare of the clients being seen by the supervisee
  18. maintain the confidentiality of clients

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Each student will submit the following official documentation at the end of the session:

- The Practicum Counseling Log
- The Facility Supervisor's Evaluation of the Student
- Student's Evaluation of a Practicum



## AMBERTON UNIVERSITY PRACTICUM COUNSELING LOG

Student's Name \_\_\_\_\_ SSN \_\_\_\_\_

Site \_\_\_\_\_ Field Supervisor \_\_\_\_\_

The Practicum Log must be maintained by the student. Totals must be consistent with the hours indicated on the field supervisor's evaluation form. Students must return the signed Counseling Log to the appropriate Practicum Professor at the time indicated by the course syllabus. Students must maintain copies of all documents for their permanent records.

Date	Client Contact Hours/Minutes	Supervision Hours/Minutes	Administrative Hours/Minutes	<b>Total Hours/Minutes</b>

Page \_\_\_\_ of \_\_\_\_ Pages

Subtotal or Total \_\_\_\_\_

\_\_\_\_\_  
Field Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## AMBERTON UNIVERSITY FIELD SUPERVISOR EVALUATION

One "Field Supervisor Evaluation" for each student is required for each Practicum. Individual field supervisors may choose to provide students with interim formative evaluations if they desire.

Serious consideration is given to the official Field Supervisor's Evaluation (signed, dated, and submitted to the Practicum Professor through the individual student at the end of the session) by the Professor in determining the final grade.

Student Counselor: \_\_\_\_\_

Practicum Facility: \_\_\_\_\_

Counseling Practicum:

CSL6840 I \_\_\_\_\_ CSL6845 II \_\_\_\_\_ CSL6850 III \_\_\_\_\_

Dates of Practicum \_\_\_\_\_ to \_\_\_\_\_ Total Hours \_\_\_\_\_

Total Hours In Classroom: \_\_\_\_\_

Total Hours of Direct Client Contact: \_\_\_\_\_

Briefly describe the counseling experience including the types of settings, kinds of clients, and counseling methods used.

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Please rate the student on each item from zero (0) to ten (10) with ten being the highest rating. Circle the appropriate choice.

Please use this rating form to provide the student with information which he/she can use to design and carry out specific learning objectives.

The Student:

1. demonstrates high level of awareness of current ethical/legal environment, adheres to sound ethical principles in personal and professional decision making.

0 1 2 3 4 5 6 7 8 9 10 NA

COMMENTS:

2. comes on site thoroughly prepared to carry out assigned responsibilities.

0 1 2 3 4 5 6 7 8 9 10 NA

COMMENTS:

3. demonstrates a learning attitude (willingness to learn from feedback and evidence of participation in continuing education) vs. defensive arguments for own position.

0 1 2 3 4 5 6 7 8 9 10 NA

COMMENTS:

4. assumes responsibility for own learning (self directed; i.e., seeks supervision as needed).

0 1 2 3 4 5 6 7 8 9 10 NA

COMMENTS:

5. consistently contributes above and beyond the organization's or supervisor's basic expectations (characterized as eager, alert, hungry, proactive to learn and to provide excellent client services and team work).

0 1 2 3 4 5 6 7 8 9 10 NA

COMMENTS:

6. demonstrates the ability to work according to the organization's policies and procedures.

0 1 2 3 4 5 6 7 8 9 10 NA

COMMENTS:

7. presents exemplary oral and written communications. (focused, accurate, powerful, free of error)

0 1 2 3 4 5 6 7 8 9 10 NA

COMMENTS:

8. uses counseling approaches which are effective for the assigned client population  
(includes awareness of culturally diverse groups).

0 1 2 3 4 5 6 7 8 9 10 NA

COMMENTS:

9. integrates counseling theories with practice in a consistent, coherent, and therapeutic fashion.  
(instead of general, vague, superficial descriptions of clients and treatment, presents in depth,  
comprehensive, detailed, logical rationale for treatment.

0 1 2 3 4 5 6 7 8 9 10 NA

COMMENTS:

10. demonstrates an awareness of self and of available networks in utilizing resources.

0 1 2 3 4 5 6 7 8 9 10 NA

COMMENTS:

Please check one of the following:

- \_\_\_\_\_ 1. Satisfied the practicum experience.
- \_\_\_\_\_ 2. Remain in this practicum for further practice/study.
- \_\_\_\_\_ 3. Discontinue practicum experience until progress has been made with regard to identified issues/problems.

Please provide a narrative evaluation of the student's performance.

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\_\_\_\_\_  
Field Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Counselor

\_\_\_\_\_  
Date

**AMBERTON UNIVERSITY  
STUDENT'S EVALUATION OF A PRACTICUM**

Practicum evaluated:        ( )    CSL6840        Practicum I  
                                      ( )    CSL6845        Practicum II  
                                      ( )    CSL6850        Practicum III

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Practicum Site: \_\_\_\_\_

Primary supervisor at practicum site: \_\_\_\_\_

Please make specific comments regarding the quality of supervision received.

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1. Do you feel that your workload was adequate? ( ) Yes ( ) No  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Evaluate the field supervisor's accessibility to you during the practicum.  
\_\_\_\_\_ High                      \_\_\_\_\_ Moderate                      \_\_\_\_\_ Low

3. Estimate the professional growth you experienced as a result of the practicum.  
\_\_\_\_\_ High                      \_\_\_\_\_ Moderate                      \_\_\_\_\_ Low

4. Do you recommend Amberton University continue to use this Facility as a training site?  
(If no, elaborate on your reason on the back of this page).  
Answer: \_\_\_\_\_

**AMBERTON UNIVERSITY  
PRACTICUM EXPERIENCE AFFILIATION AGREEMENT**

THIS AGREEMENT, effective \_\_\_\_\_, 20\_\_\_\_, is between \_\_\_\_\_  
\_\_\_\_\_ (“Facility”) with its principal office located  
at \_\_\_\_\_, and Amberton University (“Amberton”), a non-  
profit corporation, having its principal office at 13601 LBJ Fwy Drive, Garland, Texas 75041.

WHEREAS, Amberton operates facilities located at 13601 LBJ Fwy in the City of Garland, State of Texas, and therein provides educational services;

WHEREAS, Amberton provides academic courses with respect to and periodically desires to provide students in such courses with educational experience by utilizing appropriate facilities and personnel of third parties (“Program”); and

WHEREAS, Amberton desires to cooperate with Facility to establish and implement from time to time one or more Programs involving the students and personnel of Amberton and the facilities and personnel of Facility.

NOW, THEREFORE, in consideration of the mutual promises herein, Amberton and Facility agree that any Program established and implemented by Amberton and Facility during the term of this Agreement shall be covered by and subject to the following terms and conditions:

1. **Program Agreement:** To become effective, all agreements with respect to a Program (“Program Agreement”) shall be reduced to writing, executed by authorized representatives of Amberton and Facility.
2. **Conflict:** In the event of conflict between the text of Program Agreement and the text of this Agreement, this Agreement shall govern.
3. **Amendment of Program Agreement:** No amendment to a Program Agreement shall be effective unless reduced to writing, executed by the authorized representatives of Amberton and Facility.
4. **Responsibility of Facility:** Except for acts to be performed by Amberton pursuant to the provisions of this Agreement, Facility will furnish the premises, supervision, services, and all other items necessary for the educational experience specified in the Program Agreement. In connection with such Program, Facility will:
  - a. Comply with all applicable federal, state, and municipal laws ordinances, rules, and regulations; comely with all applicable requirements of any accreditation authority; and certify such compliance upon request by Amberton;

**AMBERTON UNIVERSITY COPY**

- b. Permit the authority responsible for accreditation of Amberton’s curriculum to inspect the facilities, services, and other items provided by Facility for purposes of the educational experience; and
  - c. Refrain, or limit, advertising of Practicum students on facility websites and social media. If Practicum students are advertised, a clear statement must be present identifying the individuals as Practicum students and not licensed counselors.
  - d. Appoint a person to serve for Facility as supervisor (“Facility Supervisor”) who will enforce the following procedure:
    - 1. Facility shall submit to Amberton the name of the Facility Supervisor prior to the date the appointment is to become effective;
    - 2. Facility shall assure that the Facility Supervisor meets all requirements as outlined in the attached document, “Facility Supervisor Requirements”.
    - 3. No person shall act as Facility Supervisor without the approval of Amberton;
    - 4. In the event the Facility Supervisor approved by Amberton later becomes unacceptable and Amberton so notifies Facility in writing, Facility will appoint another supervisor.
- 5. Responsibilities of Amberton:** Amberton will:
- a. Furnish Facility with the names of the students approved by Amberton to participate at the designated site.
  - b. Assign only those students who have satisfactorily completed those portions of Amberton’s curriculum that are prerequisite to Program participation; and
  - c. Designate a member of the Amberton faculty (“University Representative”) to coordinate the educational experience of students participating in the Program with the Facility Supervisor. Amberton shall give Facility written notice of the name of the University Representative;
  - d. Inform student that s/he is required to comply with the rules and regulations of Facility while on premises of Facility and is required to comply with the requirements of federal and state laws and regulations regarding the confidentiality of information in records maintained by Facility;



**AMBERTON UNIVERSITY COPY**

- e. Require student(s) assigned to Facility to have appropriate malpractice liability insurance coverage and require student(s) to show evidence of such coverage if requested. Amberton does not provide any insurance coverage to students, including medical, professional liability, and worker's compensation insurance. It is the responsible of the Practicum student to understand and adhere to the Facility's insurance requirements at the student's own expense;
  - f. Inform student(s) that s/he must meet Facility program criteria on the basis of criminal background checks and drug screens. (Checks and screening to be done through Facility.)
  - g. Amberton shall notify Facility of Amberton's approval or disapproval of the Facility Supervisor within ten (10) days after receipt of notice of selection from Facility.
6. **Notices:** All notices under this Agreement or a Program Agreement shall be in writing and delivered either by personal delivery or by United States certified mail, return receipt requested. Such notices shall be deemed given when received by such party's designated representative.
7. **Oral Representations:** No oral representations of any officer, agent, or employee of Amberton or Facility shall affect or modify any obligations of either party under this Agreement or any Program Agreement.
8. **Amendment to Agreement:** No amendment to this Agreement shall be valid unless reduced to writing, signed by an authorized representative of each party.
9. **Assignment:** Neither this Agreement nor a Program Agreement may be assigned by either party without prior written approval of the other party.
10. **Performance:** A delay in or failure of performance of either party that is caused by occurrences beyond the control of either party shall not constitute default hereunder or give rise to any claim for damages.
11. **Term and Effective Date:** This Agreement shall become binding at the time Facility accepts an Amberton applicant for training and Amberton University submits an applicant and approves a Facility Supervisor. This Agreement is effective as long as there is mutual involvement between Amberton University students and Facility and terminates at the conclusion of involvement or by agreement approved, in writing, by both parties. Either party may terminate this Agreement by giving the other written notice of intention to terminate.

**AMBERTON UNIVERSITY COPY**

12. **Applicable Law:** The validity, interpretation, performance, and enforcement of this Agreement and any Program Agreement shall be governed by the laws of the State of Texas.

**AMBERTON UNIVERSITY and FACILITY ACCEPTANCE**

Amberton University's placement of a student applicant at Facility and Facility's acceptance of the student applicant constitutes an agreement.

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Field Supervisor Date

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Student Counselor Date

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Practicum Instructor Date

**AMBERTON UNIVERSITY  
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**FACILITY COPY**

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Field Supervisor

Date

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Student Counselor

Date

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Practicum Instructor

Date