

**M.S. Program in Clinical-Counseling Psychology Preregistration Practicum Approval Form**

This form must be completed one month prior to the end of the semester prior to practicum and submitted to the Program Coordinator. *Be sure to attach a photocopy of proof of liability insurance to this form.*

Student's name: \_\_\_\_\_ ID# \_\_\_\_\_

Date of Application: \_\_\_\_\_ Practicum course instructor: \_\_\_\_\_

Student's Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Student's email address: \_\_\_\_\_

Semester of Practicum: term: \_\_\_\_\_ year: \_\_\_\_\_

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

Site Address: \_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Supervisor's License: \_\_\_\_\_

Please check spaces indicating types of activities and populations student will be engaged in and working with at this site:

- |                                                        |                                                             |
|--------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Cognitive testing             | <input type="checkbox"/> Geriatric (65+) adults             |
| <input type="checkbox"/> Personality testing           | <input type="checkbox"/> Adults                             |
| <input type="checkbox"/> Diagnosis/treatment planning  | <input type="checkbox"/> Adolescents (12-18y/o)             |
| <input type="checkbox"/> Individual counseling         | <input type="checkbox"/> Children (under age 12)            |
| <input type="checkbox"/> Group counseling              | <input type="checkbox"/> Substance abuse/dual diagnosis     |
| <input type="checkbox"/> Couples or family counseling  | <input type="checkbox"/> Forensic adults/juvenile detention |
| <input type="checkbox"/> Other (please explain: _____) |                                                             |

Term Prepracticum was completed with grade of B or better: term/year: \_\_\_\_\_

Term Comprehensive Exams were successfully completed: term/year: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Site Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Date