

**Petition for Supervised Practicum/Internship
in Community Mental Health Counseling**

The petition for Practicum/Internship must be submitted to the Internship Coordinator, Dr. Cruikshanks, no later than midterm of the regular semester prior to term in which you plan to begin your field experience. Prior to completion of this petition, you should have a verbal commitment with an appropriate site (as approved by Dr. Cruikshanks). Once you have this commitment, complete this form and submit it to Dr. Cruikshanks for final approval.

Students who change their practicum/internship site or who change supervisors must submit a new petition approved prior to making these changes. All questions regarding practicum/internship must be directed to Dr. Cruikshanks.

This petition is for a Practicum Site an Internship Site a change of Internship Site.

I intend to begin Fall Spring Summer 20_____ Date Submitted _____

Student Name: _____

Telephone: (W) _____ (H) _____

Proposed Site: _____ Phone: _____

Address: _____

City/Zip: _____

Site Supervisor: _____ PCC-S? Yes No

Are there any Dual Role Relationship issues with this site/supervisor? Yes No
(if yes, please describe and explain how potential problems will be minimized)

Proposed Work Schedule:

This schedule must reflect the minimum hours needed in order to fulfill the required hours for your course for the specified term (Practicum: 100 hours; Internship @ 100 hrs/ Sem. hr)

***Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Total Weekly
Hours***

Thu: : _____ to _____ Fri: : _____ to _____ Sat: : _____ to _____

Briefly describe the field experiences you will have at this site (e.g. Individual, group, couples, family counseling; primary client population, etc.).

Check the boxes that describe the kinds of supervision you will receive:

- Weekly 1 hour individual meetings with my site supervisor. (*required*)
- This site allows recording of sessions for supervision/training purposes (*required*)
- Dyad/small group supervision?
- My site supervisor will allow me to observe his/her counseling sessions.
- My site supervisor will allow me to observe/co-facilitate groups.
- My site supervisor will observe my counseling sessions and provide me with feedback.
- My site supervisor will recommend readings for me based on her/his observations of my work to help in my development.
- I will have access to my site supervisor in the event of a crisis.

Please list any additional activities that you have discussed with your proposed site supervisor.

The following have been completed (evidence attached)

- [I have joined as a student member of OCA.](#)
- I have completed the forms for Liability Insurance ([ACA Trust](#)).

If you are petitioning for a practicum/internship at your place of employment, you must first have discussed this with Dr. Cruikshanks. Please attach the proposed site contract per your discussion with Dr. Cruikshanks.

Signature Site Supervisor Date

Approved Not Approved

Daniel R. Cruikshanks, Ph.D., PCC-S Date
Associate Professor & Clinical Coordinator