**Practicum Application**

**Counseling Program**

**University of Louisiana at Monroe**

To qualify for Practicum, all items on the checklist must be completed. Submit all items in the left column to the Practicum/Internship Application Moodle Page. Work with your Advisor to determine if you completed all the prerequisites in the right column. Once the Practicum/Internship Coordinator and your Faculty Advisor sign the application, send to the Program Director, Dr. Thomas Foster, for final review and signature.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ULM Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum/Internship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Semester to Begin Practicum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| * **MOU is complete / current\*\***
* **Site Supervisor Agreement Form signed\*\***
* **Site Supervisor Orientation Form signed\*\***
* **Site Supervisor License\*\***

**(Only LPC/LPC-S/LMFT/LCSW/PsyD)*** **Site Supervisor Insurance\*\***
* **Site Supervisor Resume/Vita\*\***
* **Student Insurance (updated as needed)**
* **Student Drug Screen**
* **Student Background Check**

\*\*If you change your Site at any time during Practicum/Internship, you MUST resubmit every form that is \*\* starred. | * **All Prerequisite Courses completed with a “B” or better (all must be checked and completed before taking Practicum – no exceptions)**
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| **\_\_COUN 5001****\_\_COUN 5005****\_\_COUN 5010****\_\_COUN 5011****\_\_COUN 6063****\_\_COUN 6067** | **\_\_COUN 5022****\_\_COUN 5062****\_\_COUN 5021****\_\_COUN 6052****\_\_COUN 5081** |

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Lyndsay Mathews, Practicum & Internship GA Date

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ULM Faculty Advisor Date

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Dr. Thomas Foster, Program Director Date