NEW JERSEY CITY UNIVERSITY
COLLEGE OF EDUCATION
DEPARTMENT OF COUNSELOR EDUCATION

M.A. IN COUNSELING PROGRAM

Practicum Application Packet
NEW JERSEY CITY UNIVERSITY  
DEPARTMENT OF COUNSELOR EDUCATION

PRACTICUM/INTERNSHIP APPLICATION PROCESS

The deadline for submitting the required “Completed” Practicum Application and the “Original” Practicum Agreement to the Clinical Coordinator will be discussed during the “Mandatory” Practicum Orientation.

Submit the following forms to the designated Clinical Coordinator for approval on your scheduled Practicum application review appointment:

- Clinical Mental Health Counseling (CMHC) Student Placement: Dr. Agaskar
- School Counseling (SC) Student Placement: Dr. Wambu
- Post-Masters Student Placement: Dr. Duncan

**Forms Needed for the Practicum Application:**

- ___ Practicum/Internship Proposal (required again if you are changing sites)
- ___ Updated Program Plan (SC or CMHC)
- ___ Core Course Review from each Core Course Faculty Member and Yourself
- ___ Signed Disclosure/Informed Consent
- ___ Signed Acceptance of Counseling Program Policies
- ___ Create a Letter of Interest to Potential Site Supervisor or Clinical Director
- ___ Copy of Current Resume
- ___ Unofficial Transcript (request from the department)

**Forms Needed for the Practicum/Internship Agreement:**

- ___ Request for Placement* (required again if you are changing sites)
- ___ Site Supervisor Form* (required again if you are changing sites)
- ___ Practicum/Internship Agreement* (SC or CMHC)
- ___ Copy of Substitute License (SC only)
- ___ Copy of Current ACA Student Membership Card or Letter
- ___ Copy of Approved Fingerprints and Background Check (CMHC only & if required by the site)

* These forms should not be handwitten. Go to the NJCU Website (http://www.njcu.edu/edld/forms-docs) and fill in the designated areas.

------------------------------------------------------------------  Date: __________
Student’s Name and Signature

------------------------------------------------------------------  Date: __________
Clinical Coordinator’s Signature
NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION

PRACTICUM/INTERNSHIP PROPOSAL

Student’s Name: ________________________________ Date: __________________

Use this form for Practicum. Write your responses below or on a separate sheet of paper.

(1) Your first choice site and your second choice site (if needed) and your justification for selecting the site(s):

(2) Your research about the site and your contact(s)/communication information:

(3) The semester, days and hours that you plan to be on site each week (Practicum 8-12 hours and 1.5 to 2 days or nights per week; Internship 15-20 hours and 3 days or nights per week):

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### SCHOOL COUNSELING PROGRAM PLAN

Name: ___________________________ Matric. Date: _______ Gothic ID: _________  
Address: ________________________________  
Phone: __________________ Email: ________________________  
Advisor: ______________________________

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<tr>
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# NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION

## CLINICAL MENTAL HEALTH COUNSELING PROGRAM PLAN

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Effective Spring 2013/Revised Spring 2016
NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION

STUDENT CORE REVIEW

Student’s Name: ____________________________ Advisor: ____________________________

The core faculty member must complete and submit the following student core review (both sides of this form) of what the student demonstrates to the department at the end of the course. You too must complete your own self core reviews. Consult your assigned Clinical Coordinator if a professor is not accessible.

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Signature of Person Completing this Review ____________________________ Date ________________

1. **Academic Skills**
   - ___ Satisfactory Progress ___ Needs Improvement ___ Unsatisfactory

2. **Writing Skills**
   - ___ Satisfactory Progress ___ Needs Improvement ___ Unsatisfactory

3. **Insight and Self-Awareness**
   - ___ Satisfactory Progress ___ Needs Improvement ___ Unsatisfactory

4. **Teamwork and Collaboration**
   - ___ Satisfactory Progress ___ Needs Improvement ___ Unsatisfactory

5. **Individual Counseling Skills**
   - ___ Satisfactory Progress ___ Needs Improvement ___ Unsatisfactory

6. **Group Counseling Skills**
   - ___ Satisfactory Progress ___ Needs Improvement ___ Unsatisfactory

7. **Consultation Skills**
   - ___ Satisfactory Progress ___ Needs Improvement ___ Unsatisfactory

8. **Ethical and Professional Dispositions/Behaviors**
   - ___ Satisfactory Progress ___ Needs Improvement ___ Unsatisfactory

9. **Openness to Feedback and Supervision**
   - ___ Satisfactory Progress ___ Needs Improvement ___ Unsatisfactory

10. **Positive Changes after Feedback and Supervision**
    - ___ Satisfactory Progress ___ Needs Improvement ___ Unsatisfactory
**NEW JERSEY CITY UNIVERSITY**  
**DEPARTMENT OF COUNSELOR EDUCATION**

**STUDENT CORE REVIEW CONTINUED**

Student’s Name: ________________________________ Advisor: _____________________________

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Comments:
NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION

DISCLOSURE/INFORMED CONSENT

Student’s Name (print): ___________________________________ Semester/Year: ____________

Please initial each statement on the line and sign below:

____ I have read and understand my responsibilities in the Contract Agreement, Counseling Program Student Handbook, Practicum Application Packet and Field Experience Manual. I also understand that noncompliance, lack of competency or progress, or ethical or legal violations may result in review and/or remediation.

____ I understand that this program is preparing for accreditation by the Council for Accreditation for Counseling and Related Education Programs.

____ I must maintain continuous student membership in the American Counseling Association and abide by the ACA Code of Ethics while I am enrolled in the Counseling Program, as well as on site.

____ I understand that application for field placement, counselor licensure, or school counseling certification requires a criminal history check, fingerprinting, and may require drug testing or other legal/ethical checks. I may be ineligible for field placement, employment in the field or licensure in a state(s) for certain offenses or convictions that may include but are not limited to sexual abuse, child abuse, substance abuse, assault, terrorist threat, harassment-intimidation-bullying, felony, misdemeanor, or loss of license or certification. I certify that there is no history of these or other relevant ethical/legal issues, and that I have disclosed and discussed any possible issues or history related to criminal history or ethical/legal/professional issues/offenses to my advisor and the Clinical Coordinator prior to signing this document and I will immediately notify my advisor and the Clinical Coordinator if my status changes regarding any of the above or other relevant issues.

____ I am responsible for submitting all documents required each semester for the field site. I will not begin fieldwork until I receive a copy of the fully executed contract and site clearance from the clinical coordinator for a new site.

____ I understand that completion of the program with its academic courses, Practicum, and Internship does not in itself ensure eligibility for licensure for the practice of counseling or for school counselor certification. Regulations for licensure or certification in some states may change; and the title, description, or syllabus of a course may not be sufficient evidence for the fulfillment of core academic requirements.

____ I am responsible for being current with changes in regulations, statutes, and certification in a state(s), and the process of completing current state requirements and applying for licensure or certification in a state(s) is solely my responsibility as the applicant.

_________________________________________ Date: ____________
Student’s Legal Signature

_________________________________________ Date: ____________
Clinical Coordinator’s Signature

Effective Spring 2013/Revised Spring 2016
NEW JERSEY CITY UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION

ACCEPTANCE OF THE COUNSELING PROGRAM POLICIES

I ________________________________ have read the current Practicum Application Packet, the Field Experience Manual, and the NJCU Counseling Program Student Handbook (paper copy or through the NJCU website) dated ________________________________. I am responsible for reading and fulfilling the requirements and policies. I agree the Counseling Faculty has the right and responsibility to monitor my academic progress, my professional ethical behavior, and my personal dispositions and characteristics relevant to my performance as a student and counselor. I agree to comply with all University and site policies and procedures, the ACA Code of Ethics and Division Ethical Standards, the Counseling Program Professionalism and the Remediation Policy and the Remediation and Progress Plan, and the University Integrity Policy. I understand that ethical and professional misconduct or violations or failure to achieve minimum standards in knowledge, skills, and dispositions may result in faculty and/or University review and remediation.

I am responsible for completing my Program Plan with my faculty advisor by the end of my second semester and updating my Program Plan each semester thereafter. If I have questions about the program, it is my responsibility to contact my faculty advisor.

I am responsible for reading and fulfilling the requirements and policies in the Practicum Application Packet and the Field Experience Manual before I apply for Practicum during the semester prior to beginning Practicum and during field experiences.

I will monitor my NJCU email and the NJCU Counseling Program website regularly for notification of revisions to the handbook and the program that may be required in accordance with certification, licensure and accreditation requirements.

Student’s Name (please print): ______________________________________________________

Cell/Emergency Phone: ___________________________________________________________

NJCU Email: ________________________________________________________________

Personal Email: _______________________________________________________________

Student’s Signature: ____________________________________________________________ Date: ____________

Received By: _________________________________________________________________ Date: ____________
Proceed to Secure
Your Site Placement & Contracts*
Only After Completing
& Submitting Your
Practicum Application
& Meeting With Your
Clinical Coordinator

*Use Forms on Proceeding Pages
M.A. IN COUNSELING PROGRAM
PRACTICUM AND INTERNSHIP

REQUEST FOR PLACEMENT

Date: ______________________

To: ______________________

Our formal request is to place a Counseling Master’s Student at your site for Practicum/Internship under the supervision of a licensed professional who has a minimum of two years of experience.

Student’s Name: ________________________________ Gothic ID: __________

Address: ______________________________________

Cell/Emergency Phone: ________________________________

NJCU Email: ________________________________

Site Placement Requested

Site Name: ________________________________

Approved Start Date and End Date: ________________________________

Site Supervisor’s Name (print): ________________________________

Site Supervisor’s Signature: ________________________________ Date: __________

Approved by: ________________________________ Date: __________

NJCU Counseling Program Faculty

Please return this form to the department listed below. Thank you.

New Jersey City University
Department of Counselor Education
2039 Kennedy Boulevard, Rossey Hall 536
Jersey City, New Jersey 07305-1597

Please read field experience information on side 2.
Counseling candidates complete 100 hours beginning practicum, prior to a two semester advanced 600 hour Internship (300 hours each semester). Candidates are placed in sites according to their clinical training, professional skills, and interests to provide the best experience a site.

**Responsibilities of the Site Supervisor are to:**

1) Provide an orientation of the site.

2) Provide opportunities for the candidates to perform the work of a counselor under supervision including, individual counseling, group counseling, consultation, and videotaping selected sessions with permission.

3) Provide one hour per week of individual clinical supervision, and complete a midterm and final evaluation.

**Practicum Candidates:**

Should complete 40 hours of direct client contact under supervision (an average of 24 hours of individual counseling, 8-12 hours of group counseling, and 4 hours of consultation and assessment) and 60 hours of indirect services (observation, report writing, individual site supervision, university group supervision, and professional development). The proportion of hours may vary according to site needs.

**Internship Candidates:**

Should complete 300 hours each semester for two semesters for a total of 600 hours under the supervision of the site school counselor supervisor including 120 hours of direct client service (an average of 60 hours of individual counseling, 30-50 hours of group counseling, 20 hours of assessment and consultation,) and 180 hours of indirect services (observation, report writing, individual site supervision, university group supervision, and professional development). The proportion of hours may vary according to site needs.

**Documentation:**

The candidate should provide you with a resume and transcript for your review as well as a Request for Placement Form, a Contract Agreement, and a Site Supervisor Form for you to completely complete and sign. If you have any question please contact this department at 201-200-3400. Thank you for your professional partnership and support of our graduate counseling student.
Dear Site Supervisor:

RE: Counseling Internship

Thank you for your consideration for serving as a site supervisor for our NJCU student intern. We are most grateful to you and your institution for your supervisory assistance, cooperation and help. Before you sign the contract, please review the following requirements for the site supervisor. These requirements are based on the CACREP (Council for Accreditation of Counseling and Related Educational Programs) standards.

- The site should allow the intern student to videotape at least 3-4 counseling sessions.
- The site supervisor needs to provide a weekly supervision to the student intern.
- The site supervisor needs to complete the Midterm and Final Evaluation in conjunction with the student intern during weekly supervision.
- The site supervisor should discuss the progress and concerns of the intern student with the NJCU instructor on a regular basis throughout the semester.

It is at the discretion of your agency/school to terminate the site placement at any given moment due to the unprofessional and/or unethical conduct of the student intern. We would appreciate if you can share any concerns you have of the student’s performance with the NJCU Clinical Coordinator or the instructor of the Practicum/Internship class upon demonstration of the unprofessional behavior.

Should you have any questions regarding these requirements, please feel free to contact the NJCU Counseling Program Clinical Coordinators. See below:

Clinical Mental Health Counseling Coordinator
Dr. Vaibhavee Agaskar
vagaskar@njcu.edu

School Counseling Coordinator
Dr. Grace Wambu
gwambu@njcu.edu
**NEW JERSEY CITY UNIVERSITY**  
DEPARTMENT OF COUNSELOR EDUCATION  

**SITE SUPERVISOR FORM**

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<th><strong>SITE SUPERVISOR’S INFORMATION</strong></th>
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<td>License/Certification*:</td>
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<td>Degrees/Major:</td>
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<td>Supervision Training Certification:</td>
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<tr>
<td>Professional Experience (attach resume)*:</td>
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<tr>
<th><strong>SITE INFORMATION</strong></th>
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<tr>
<td>Site Name:</td>
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<td>Address:</td>
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<td>Phone:</td>
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<tr>
<th><strong>STUDENT’S INFORMATION</strong></th>
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<tr>
<td>Name:</td>
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<td>Address:</td>
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<td>Cell Phone:</td>
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<td>Home/Emergency Phone:</td>
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<td>Site Days/Hours:</td>
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* If your license/certification and resume are already on file with the department, then you do not need to resubmit it.
This Practicum/Internship Agreement (“Agreement”) is completed on ____________ between
______________________________ (the “Practicum/Internship Site”) whose business address is ____________
and New Jersey City University (the “University”) M.A. in Counseling Program whose business
address is 2039 Kennedy Boulevard, Jersey City, New Jersey 07305.

Terms:

The terms of this agreement shall begin on ____________, and end on ____________. Either
party has the right to terminate this Agreement on a thirty (30) days prior written notice to the other at
the addresses set forth in the first paragraph of this Agreement, provided that with respect to any
internship committed to or commenced at the time of such notice, this Agreement shall remain in
effect until the completion of such internship, subject to the right of ____________________________
to withdraw a student from the internship program set forth in this Agreement.

Purpose:

The purpose of this Agreement is to provide qualified graduate students with a
Practicum/Internship Counseling experience in the field of counseling.

Students in COUN 690 (Practicum) must complete supervised Practicum experiences that total a
minimum of 100 clock hours. Forty (40) of those hours in Practicum must be in direct service to
clients.

Students in COUN 694/695 (Internship I & II) must complete supervised Internship experiences
that total a minimum of 300 clock hours, for each Internship Course. One hundred twenty (120) of
those hours, for each Internship Course, must be in direct service to clients.

The University Agrees:

1. To assign a University Faculty Liaison to facilitate communication between the University and
the Practicum/Internship Site.

2. To notify the student that he/she must adhere to administrative policies, rules, standards,
schedules, and practices of the Practicum/Internship site.

3. That the University Faculty Liaison shall be available for consultation with both the Practicum
Site Supervisor and students and shall immediately be contacted should any problem or change
in relation to the student, site, or college occur.

4. That the University supervisor is responsible for the assignment of a fieldwork grade.

5. That the Practicum/Internship Site, in its sole discretion, makes the final determination as to
whether a student is placed at the Practicum/Internship Site. And, the University agrees and
understands that the Practicum Site has the final approval for placement of any student recommended by the University, and will permit the Practicum/Internship Site to withdraw the student when the student is unacceptable and undesirable to the Practicum/Internship Site for reasons of health, performance of duties, or other reasonable causes.

6. That prior to any student being placed at the Practicum/Internship Site, the University will provide written evidence of malpractice insurance coverage by providing a certificate of insurance indicating limits of liability of each incident at $1,000,000 and $3,000,000 in the aggregate and that the University will notify the Practicum/Internship Site within thirty (30) days of the malpractice insurance coverage being terminated or suspended, said termination or suspension being grounds for the termination of this Agreement.

Practicum/Internship Field Site Agrees:

1. To assign a Practicum/Internship supervisor who has appropriate credentials, time, and interest for training the Practicum/Internship student.

2. To provide opportunities for students to engage in a variety of counseling activities under supervision and for evaluating the student’s performance.

3. To provide the students, subject to availability, with adequate work space, telephone, office supplies, and staff to conduct the professional activities as assigned.

4. To provide a minimum of one hour per week of individual supervision, that involves some examination of students’ work using audio/video tapes, observation, and/or live supervision.

5. To provide written evaluation of the student based on criteria established by the University program.

The primary Practicum/Internship Site supervisor will be identified for a particular student being placed at the site. The training activities indicated below will be provided for the students in sufficient amounts, to the extent available, to allow adequate evaluation of the students’ level of competence in each activity. The Clinical Coordinator will be the faculty liaison with whom the students and Practicum/Internship Site supervisors will communicate regarding progress, problems, and performance evaluations.

Practicum/Internship Activities:

The activities to be provided to the students by the Practicum/Internship Site may include:

1. Individual Counseling: Personal, Social, Educational, Career

2. Group Counseling: Co-leading, Leading

3. Intake Interviewing, Preliminary Assessment, Introduction to Services

4. Psychoeducational Activities: Group, Parent, Outreach, Skills Development, In-Service

5. Consultation: With Family/Parent, Teacher, Agency; for Referral, Team Collaboration

6. Report Writing, Record Keeping, Treatment Planning, Counseling Summaries

7. Individual Supervision
8. Group Supervision, Peer Supervision

9. Case Conferences, Staff Meetings

10. Other: __________________________________________

**HIPAA Compliance:**

The University acknowledges that Practicum/Internship Site must comply with the applicable portions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and the requirements of any regulations promulgated there under including without limitation the federal privacy regulations and the federal security standards. The parties agree that protected health information, as defined in 45 CFR 164.504, or individually identifiable health information, as defined in 42, USC 1320d (collectively “PHI”), concerning Practicum/Internship Site clients will be disclosed to the University faculty and students pursuant to this Agreement. The parties agree to implement appropriate safeguards to prevent the use or disclosure of any PHI. The University agrees that it shall inform and emphasize to faculty and students that, as a condition of participation in any Practicum/Internship program, its faculty and students shall keep PHI strictly confidential in accordance with Practicum/Internship Site policies and the requirements of state and federal law, including HIPAA. Faculty and students shall not disclose any such information to anyone else unless the Practicum/Internship Site’s HIPAA policies and procedures are followed. The University shall take reasonable steps so that all students and faculty are aware that PHI is confidential and must be treated as such and understand their obligations under HIPAA. The University shall specifically advise all students, faculty and officials that breaches of HIPAA shall be sufficient cause to have that person removed from participation in any Practicum/Internship Site program. The University agrees to promptly report to the Practicum/Internship Site any improper or unlawful use or disclosure of any PHI. The parties agree to make their respective internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of Health and Human Services to the extent required for determining compliance with HIPAA. Continued violations of this provision shall be considered a material breach of this Agreement. The HIPAA obligations shall survive termination of this Agreement.

IN WITNESS WHEREOF, and with full authority, the Parties hereto have executed this Agreement effective the date first above written.

FOR AND ON BEHALF OF

__________________________

Site Facility Name

__________________________

Site Supervisor’s Signature

FOR AND ON BEHALF OF

NEW JERSEY CITY UNIVERSITY
M.A. IN COUNSELING PROGRAM

__________________________

NJCU Counseling Program Chair
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The terms of this agreement shall begin on ____________, and end on ____________. Either party has the right to terminate this Agreement on a thirty (30) days prior written notice to the other at the addresses set forth in the first paragraph of this Agreement, provided that with respect to any internship committed to or commenced at the time of such notice, this Agreement shall remain in effect until the completion of such internship, subject to the right of ______________________ to withdraw a student from the internship program set forth in this Agreement.

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2. Group Counseling: Co-leading, Leading
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9. Case Conferences, Staff Meetings
10. Other: ________________________________________________________________

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FOR AND ON BEHALF OF

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Site Facility Name

________________________________________
Site Supervisor’s Signature

FOR AND ON BEHALF OF

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NEW JERSEY CITY UNIVERSITY
M.A. IN COUNSELING PROGRAM

NJCU Counseling Program Chair