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 dates for submitting the “Completed” Practicum Application and the “Original” Practicum Agreement (contract) will be discussed during the “Mandatory” Practicum Orientation. Submit the following forms to the Clinical Coordinator for approval on your scheduled appointment. See below:

Clinical Coordinator: Mrs. Anna Ivanova-Tatlici
Phone Number: 201-200-2187
Email: aivanova@njcu.edu

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

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 handwritten. Go to the NJCU Website, http://www.njcu.edu/department/counselor-education, download the file and fill in the designated areas.

__________________________________________________________________________    __________
Student’s Name and Signature                                           Date

__________________________________________________________________________    __________
Clinical Coordinator’s Signature                                         Date

Effective Spring 2013/Revised Spring 2018
Use this form for Practicum. Write your responses below or on a separate sheet of paper.

<table>
<thead>
<tr>
<th>(1) Your first choice site and your second choice site (if needed) and your justification for selecting the site(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>(2) Your research about the site and your contact(s)/communication information:</td>
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<td></td>
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<tr>
<td>(3) The semester, days and hours that you plan to be on site each week (Practicum 10-12 hours and 1.5 to 2 days or nights per week; Internship 18-24 hours and 3 days or nights per week):</td>
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<td></td>
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</tbody>
</table>
NEW JERSEY CITY UNIVERSITY  
DEPARTMENT OF COUNSELOR EDUCATION  

SCHOOL COUNSELING PROGRAM PLAN

Name: ___________________________ Today’s Date: _______________________
Matric. Date: _____________________ Gothic ID: ________________________
Advisor: __________________________

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credit</th>
<th>Semester/Grd.</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUN 601</td>
<td>Orientation to Professional Counseling and Ethics (Formerly Ethics, Law, &amp; Professional Issues)</td>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COUN 603</td>
<td>Counseling and Development Across the Lifespan (Formerly Developmental Psychology)</td>
<td>3.0</td>
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<tr>
<td>COUN 604</td>
<td>Appraisal and Assessment in Counseling (Formerly Tests and Measurements)</td>
<td>3.0</td>
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</tr>
<tr>
<td>COUN 605</td>
<td>Counseling Theories (Formerly Introduction to Counseling)</td>
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<tr>
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<tr>
<td>COUN 609</td>
<td>Differential Diagnosis of Maladaptive Behavior (Formerly Personality Maladjustments of Children and Adolescents)</td>
<td>3.0</td>
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<td>OR</td>
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<tr>
<td>COUN 627</td>
<td>Consultation and Management Development in School Counseling</td>
<td>3.0</td>
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<tr>
<td>COUN 616</td>
<td>Counseling, Consultation, Referral, and Resources in Schools (Therapeutic Intervention Techniques II: Consultation in Educational Settings)</td>
<td>3.0</td>
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<tr>
<td>COUN 629</td>
<td>Multicultural Counseling</td>
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<tr>
<td>COUN 632</td>
<td>Family and Couple Counseling (Formerly Family Therapy and Referral Networks)</td>
<td>3.0</td>
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</tr>
<tr>
<td>COUN 636</td>
<td>Group Counseling Theory and Practice (Formerly Advanced Practices in Group Counseling: Supervision)</td>
<td>3.0</td>
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<tr>
<td>COUN 663</td>
<td>Career Counseling and Development</td>
<td>3.0</td>
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<tr>
<td>COUN 690</td>
<td>Practicum in Counseling</td>
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<tr>
<td>COUN 694</td>
<td>Internship I in Counseling</td>
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<tr>
<td>COUN 695</td>
<td>Internship II in Counseling</td>
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<td></td>
<td><strong>Total Credits</strong></td>
<td>48.0</td>
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</table>

**Note:** 1 For those accepted **BEFORE SPRING 2017**: If you have not taken COUN 609, you have an option to take EITHER COUN 609 OR COUN 627 toward the 48 credit curriculum. If you have already taken COUN 609, you don't need to take COUN 627. For those accepted **SPRING 2017 AND AFTER**: You need to take COUN 627 instead of COUN 609. COUN 627 will be a required course as a part of the 48 credit curriculum.

Effective Spring 2013/Revised Spring 2018
# NEW JERSEY CITY UNIVERSITY  
## DEPARTMENT OF COUNSELOR EDUCATION  
### CLINICAL MENTAL HEALTH COUNSELING PROGRAM PLAN

**Name:** ________________________________  **Today’s Date:** ____________

**Matric. Date:** __________________________  **Gothic ID:** __________________

**Advisor:** ______________________________

<table>
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<tr>
<td>COUN 650</td>
<td>Foundations of Addictions Counseling (Formerly Psychology of Alcohol and Substance Abuse)</td>
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<td>Career Counseling and Development</td>
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<td>COUN 686</td>
<td>Case Conceptualization and Treatment Planning in Counseling (Formerly Counseling Case Studies)</td>
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<td>COUN</td>
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**Total Credits:** 60.0
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.

<table>
<thead>
<tr>
<th>Core Course</th>
<th>Semester/Yr.</th>
<th>Grade</th>
<th>Professor</th>
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<tr>
<td>COUN 601 (Orientation to Professional Counseling &amp; Ethics)</td>
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<tr>
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<tr>
<td>COUN 608 (Counseling Skills)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Student’s Name: ___________________________ Advisor: ___________________________

<table>
<thead>
<tr>
<th></th>
<th>1 (Unsatisfactory)</th>
<th>2 (Poor)</th>
<th>3 (Adequate Progress)</th>
<th>4 (Very Good)</th>
<th>5 (Excellent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Flexibility:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Unconditional Positive Regard:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Cooperation:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Insight:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Genuineness:</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Interpersonal Relationships:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Accepting and Implementing Feedback:</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Awareness of Impact on Others:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Dealing with Conflict Effectively:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Accepting Personal Responsibility:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Expressing and Accepting Feelings Appropriately:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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.

________________________________________________________________________
Student’s Legal Signature Date

________________________________________________________________________
Clinical Coordinator’s Signature Date
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 (m/d/y): ________________________________

Site Supervisor’s Name (print): ________________________________

Site Supervisor’s Signature: ____________________________ Date: ________________

Approved by: ____________________________ Date: ________________

NJCU Counseling Program Clinical Coordinator

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 at 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 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 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 one hour 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 Coordinator. See below:

**Clinical Coordinator:** Mrs. Anna Ivanova-Tatlici  
**Phone:** 201-200-2187  
**Email:** aivanova@njcu.edu
# SITE SUPERVISOR FORM

## SITE SUPERVISOR’S INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Email Address:</td>
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<tr>
<td>Cell/Emergency Phone:</td>
<td></td>
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<tr>
<td>Job Title:</td>
<td></td>
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<tr>
<td>License/Certification*:</td>
<td></td>
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<tr>
<td>Degrees/Major:</td>
<td></td>
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<tr>
<td>Supervision Training Certification:</td>
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Professional Experience (attach resume)*:

## SITE INFORMATION

<table>
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<tr>
<th>Site Name:</th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>Phone:</td>
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## STUDENT’S INFORMATION

<table>
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<tr>
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<tr>
<td>Address:</td>
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<td>Cell Phone:</td>
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<td>Home/Emergency Phone:</td>
<td></td>
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<tr>
<td>Site Days/Hours:</td>
<td></td>
</tr>
</tbody>
</table>
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 ________________________ (the “Practicum/Internship Site”) 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 PHU 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

FOR AND ON BEHALF OF

NJCU Counseling Program Chair

Site Facility Name

Site Supervisor’s Signature
NEW JERSEY CITY UNIVERSITY
M.A. IN COUNSELING PROGRAM

SCHOOL COUNSELING
PRACTICUM/INTERNSHIP AGREEMENT

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9. Case Conferences, Staff Meetings

10. Other: ____________________________

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FOR AND ON BEHALF OF

NJCU Counseling Program Chair

FOR AND ON BEHALF OF

NEW JERSEY CITY UNIVERSITY
M.A. IN COUNSELING PROGRAM

Site Facility Name

Site Supervisor’s Signature