

APPLICATION FOR MHS 6801: ADVANCED PRACTICUM IN MH COUNSELING*

Application for the _____ semester/ year

Applicant Name (print): _____

Email: _____ phone (cell) _____ (other) _____

Formally admitted to the Clinical Mental Health program for: _____ (semester) _____ (year)

Practicum completed during _____ semester of _____

Site(s) _____

FAU Seminar instructor _____

_____ Core Grade

_____ Final Grade

_____ Exit Exam: composite score

Please indicate the approved Advanced Practicum site you prefer and plan to contact

Preferred Site	Agency name & location	Type of clients served
#1		
#2		

A complete application includes these four documents: (1) application form; (2) recent transcript; (3) resume (list all your mental health experience). Place documents in a 9 x 12 envelope and deliver to CE secretary by February 15 for summer & fall terms, or September 15 for spring terms. Applications received after 4pm on those dates will not reviewed.

I understand that it is my responsibility to contact my preferred sites to initiate interviews and needed process to be able to start my clinical experiences on time. I understand that I will not be allowed to proceed with my practicum if I fail to submit the Supervisor Agreement Form by the first day of the semester of my advanced practicum

Applicant Signature _____ Date _____

* A formal application must be completed even if you request to remain at your current site