

## APPLICATION FOR MHS 6800: PRACTICUM IN MENTAL HEALTH COUNSELING

Application for the \_\_\_\_\_ semester/ year

Applicant Name (print): \_\_\_\_\_

Email: \_\_\_\_\_ phone (cell) \_\_\_\_\_ (other) \_\_\_\_\_

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

Date passed CPCE exam \_\_\_\_\_ Date Plan of Study approved by Graduate Dean \_\_\_\_\_

Please enter the requested information in the matrix below for the required pre-requisite courses for MHS 6800. NOTE: registration for MHS 6800 is not possible unless these courses are completed; and these courses cannot be taken concurrently with MHS 6800.

MHS Course	Semester	Year	Grade	Instructor
6842 Life Span Development				
6700 Legal & Ethical Issues				
6220 Appraisal & Evaluation				
6430 Family Counseling				
6701 Issues in Mental Health				
6070 Psychopathology				
5005 Processes in Counseling				
6401 Theories & Techniques				

Please indicate the approved 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); and (4) statement about how the preferred site will help you meet your career goals. 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 be 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 practicum*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_