

DEPARTMENT OF COUNSELING & STUDENT AFFAIRS
Clinical Mental Health Counseling and Marriage & Family Therapy
Western Kentucky University

PRACTICUM AND INTERNSHIP INFORMED CONSENT
FORM

I understand that I am responsible for reading and comprehending the information in the *Department of Counseling and Student Affairs Clinical Mental Health Counseling and Marriage & Family Therapy Practicum and Internship Manual*. I have completed the Clinical Mental Health Counseling (CMHC)/Marriage and Family Therapy (MFT) Practicum/Internship Orientation.

I have reviewed the manual carefully and understand that I am responsible for asking questions or acquiring any clarification about the contents of the manual.

I have downloaded a copy of the Department of Counseling & Student Affairs Clinical Mental Health Counseling and Marriage & Family Therapy Practicum and Internship Manual and understand that I am responsible for the information presented therein. By signing below, I verify that I have read and understand the information and policies included in the Manual.

Signature

Date

Printed Name

(Signed form will be filed in student record.)

Instructions for completing this form

This form is completed at the conclusion of the Clinical Mental Health Counseling (CMHC)/Marriage and Family Therapy (MFT) Practicum/Internship Orientation and will be filed in your records.