

PRACTICUM APPLICATION CHECKLIST & COVER SHEET

Name: _____ M# _____ Date of Submission: _____

Select: COU ___780___782___784 AND ___1st___2nd Practicum OR ___Other: _____

- ___ Completed application (NO blanks)
- ___ Statement of readiness for practicum
- ___ Statement of change
- ___ Copy of unofficial transcript
- ___ Copy of final Helping Relationship Counselor Trainee Progress Assessment (CTPA)
- ___ Signed statement of attendance of Practicum/Internship Orientation Meeting
- ___ Signed statement from Counseling Handbook (Appendix E)

*Available at: <http://education.missouristate.edu/assets/clse/COUStudentHandbook11-26-13.pdf>

The required *Clearance Documents* below should be submitted to Mr. John Reinert in the Educational Field Experiences Office and a copy should be submitted with this application.

- ___ Family Care Safety Registry (FCSR) registration
- ___ Proof of FBI background screening
- ___ ACA/ASCA membership card
- ___ ACA/ASCA liability insurance verification
- ___ HIPAA training certificate
- ___ Proof of TB test results (Refer to information below to determine if this applies!)

MISSOURI STATE UNIVERSITY COUNSELING PRACTICUM AND INTERNSHIP (COU 780, 781, 782, 783, 784, AND 785) BACKGROUND CHECK REQUIREMENT

1. For a complete list of documents to be submitted to the Clearance Officer of Educational Field Experiences in the Teacher Certification office, access the following link: <http://education.missouristate.edu/services/efe/clearances.htm>

Read carefully through the, "What is required for student teaching and practicum over 30 clock hours," accessing the links within for clarification.

2. The Practicum/Internship Coordinator, Program Coordinator, and Department Head will obtain verification from the Clearance Officer indicating the background check is complete and will review results.

3. Students with concerns listed in the Family Care Safety Registry (FCSR) and/or FBI background check results will be contacted by the Practicum/Internship Coordinator and/or Department Head to discuss implications of the results.

4. Students will NOT be allowed to register for practicums and/or internships until this process has been complete and will not be allowed to begin practicums and/or internships until clearance approval has been received from the Clearance Officer.

COUNSELING PROGRAMS: APPLICATION FOR PRACTICUM

Practicum is a "by permission only" course. To be released for registration, you must complete the application process and all required prerequisites BEFORE you will be allowed to **begin** the course. The following items must be attached to your practicum application: a copy of your complete Helping Relationship final Counselor-Trainee Progress Assessment (CTPA), a copy of your unofficial transcript, a signed copy of Appendix E from the Student Handbook, a statement of your personal readiness for practicum, and a statement of your views of what promotes change. In addition, there are specific clearance documents that are required to be on file with the Educational Field Experience. Before you will be allowed to see clients, the following clearance documents must be verified through that office: background check, proof of registration in the Family Care Safety Registry (FCSR), FBI Background Check, proof of ACA/ASCA membership **AND** ACA/ASCA liability insurance, TB test results, and a copy of your HIPAA training certificate. Those documents should be submitted directly to Mr. John Reinert's office (Hill Hall 213H) of the Educational Field Experiences Office and a copy of those documents should be attached to your practicum application. Faculty will review your application and conduct a pre-practicum evaluation of your progress and performance to date in the program.

Full, Legal Name _____ M-Number _____ Phone _____

Address _____ City/State/Zip _____

Your e-mail address _____ Advisor's Name _____

Program Option: Elementary (ELE) Secondary (SEC) Clinical Mental Health Counseling (CMHC)

In addition, are you seeking additional certification? No Yes If "yes," explain: _____

This application is for: degree completion elective credit adding certification

Anticipated enrollement: Spring Summer Fall Year: _____

Professional Student Membership: ACA ASCA Liability Insurance: ACA ASCA

Prerequisite Completion for COU 782/780/784

Complete the following prerequisite course completion information. See course catalog descriptions for specifics. Failure to complete this section will result in an incomplete application. If you are currently enrolled in a course, indicate IP (in progress).

COURSE NUMBER	COURSE TITLE AND INFORMATION	TERM	INSTRUCTOR	GRADE
COU 702 or 703	Foundations (pre-req for COU 708 & 751)			
COU 705	Personal/Professional Development (pre-req. for COU 708 & 751)			
COU 710/711	Helping Relationship Class & Lab			
COU 708 or 751	Theories (MUST complete 708 for application to 782)			
COU 714	Diversity and Multicultural Issues in Counseling			
Additional Preferred Courses				
COU 733	Couples & Family Counseling			

*Submit an updated transcript when final grades have posted.

Office Use Only

Approval Status: Approved Denied/Reapply Hold

Reason/Comments: _____

Practicum/Internship Coordinator Signature: _____ Date: _____

Student notified: _____ by: phone email Date of notification: _____