**Doctoral Advanced Counseling**

 **Practicum Contract**

 **North Carolina State University**

 **Counselor Education Program**

This contract outlines the primary expectations for the Advanced Counseling Practicum Doctoral student, the Site Supervisor, and the University Supervisor (Course Instructor). Please read to become familiar with the basic process and requirements of the Advanced Counseling Practicum course (ECD 843) in the Counselor Education program. The Contract contains 4 parts: Part I- An Overview of Expectations; Part II- Site Supervisor Information; Part III- Course Instructor Information, and Part IV. Doctoral Student Information. After reviewing all items, if you agree to the contract, please sign and date where a signature is requested at the end of the document. The Doctoral Student will complete his/her part, take the paperwork to the Site Supervisor, bring it to the Course Instructor, and ultimately all paperwork will end up with the Clinical Coordinator who will file the contract in the student’s clinical file.

**Part I- Overview**

**1.Hours**

**For the Advanced Counseling Practicum**: The total site experience should equal 100 hours with a minimum of 40 hours of direct client contact/service.

**Direct client contact**/hours is defined by CACREP as interaction with clients that includes the application of counseling, consultation, or human development skills. In general, the term is used to refer to time spent by Advanced Counseling Practicum doctoral students working directly with clients. Examples of direct client contact are a.) individual counseling, b.) group counseling, c.)psycho-education groups or classroom guidance, and d.) parent or family meetings/counseling. All activities that are not applications of counseling, consultation, or human development skills will be counted as **in-direct or non-direct contact hours/service.**

**2.Setting goals and orienting the doctoral student to the Practicum Site**

As a Practicum site for the Advanced Counseling Practicum doctoral student, the Site Supervisor will collaborate with the student in developing **goals for the clinical experience**.

 The Site Supervisor will provide an orientation of the site to the doctoral student. This will involve general information, an understanding of the structure and roles of the experience, and an introduction of the student to individuals whom he/she will work with.

**3.Supervision**

**As a Practicum site**, the site supervisor can provide optional supervision in addition to serving as a “host” for the site. Ideally the Site Supervisor will spend a minimum of one hour a week in direct supervision of the Doctoral student. As the experience progresses the supervisor will consult with the student on any professional concerns that may arise. The student will receive constructive feedback on his/her performance. At the university, the students will receive on-going regularly scheduled group supervision in a class for which they are registered, facilitated by a program faculty member (the instructor of ECD 843).

**4.Contacts between the Site and University Supervisor:**

The Course Instructor will reach out to the Site Supervisor throughout the semester to check on the progress of the doctoral student. Contact will be made by e-mail or by phone to schedule visits if any concerns arise.

**5.Evaluation:**

The Site Supervisor will provide on-going feedback to the student concerning his/her performance during the advanced practicum experience. The students will also get on-going feedback from their course Instructor.

The Site Supervisor and University Supervisor (course instructor) will evaluate the doctoral practicum student at mid semester and end of the semester. The Site Supervisor will complete the mid and end of the semester evaluations and go over the feedback with the doctoral student . They will then send the evaluation to the course instructor. The Counselor Education Program’s student evaluation form which is now completed electronically is called the DSKCA (Dispositions, Skills, Knowledge, Competency Assessment). The site supervisor will complete and a copy will be sent to the clinical coordinator for filing purposes as well as the student and the course instructor. Additionally, the student is expected to complete their own self evaluation on the DSKCA and submit that to the course instructor.

**6.Professionalism and Ethical behavior**

The site and university supervisor will model professional and ethical behavior (e.g. confidentiality and limits to confidentiality, recognition of qualifications and limitations, record keeping , dual relationships, self awareness and monitoring etc.) Students need to be aware and behave in accordance with the American Counseling Association Code of Ethics and discuss with their site supervisor any ethical guidelines/codes specific to their site. Students are expected to exhibit professional behavior at their site.

Note: All doctoral student interns need to purchase Liability Insurance that covers them during their Advanced Counseling Practicum. (Insurance can be purchased through the American Counseling Association)

**Part II. -Site Supervisor Information**

To be completed by Site Supervisor

1. Name of North Carolina State University Counselor Education Program Advanced Counseling Practicum Doctoral Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Site Supervisor Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name of Site (Institution or Agency):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Site Supervisor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Site Supervisor’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Site Supervisor’s Address (at site): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Site Supervisor’s Highest Degree Completed (MA, MS, EdS, PhD, MD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Does Site Supervisor have a masters degree in counseling or counseling related field?\_\_\_\_\_\_\_\_\_\_\_\_(If a School Counselor, must have a NC school counseling license.)

10. Does Site Supervisor have a minimum of two years of pertinent professional experience in the program area in which the student is completing clinical field experience (e.g. school, college, community agency?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Credentials of Site Supervisor: Please spell out acronyms

* Licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Certification(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Years of Post-Master’s Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Years of Counseling Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Site Supervisor: Educational Background (chronological order beginning with most recent training.)

Name of Institution Degree/Year Title of Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Professional Experience (chronological order beginning with most recent experience)

Job Titles/Duties Year/Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Does the Site Supervisor verify that the NCSU Counselor Education student will be able to complete the following:

* 100 total hours of direct and indirect counseling and related experience for Spring Semester\_\_\_\_\_\_\_\_
* 40 hours of direct (individual/group) counseling experience for Spring Semester\_\_\_\_\_
* It is encouraged that the Site Supervisor will provide one hour of scheduled weekly individual supervision with the Counselor Education student during Spring Semester\_\_\_\_\_\_\_\_
* Site Supervisor will evaluate the student at mid-term and the end of each semester\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor Signature Date

**Part III- ECD 843 Advanced Counseling Practicum Course Instructor (University Supervisor) Information**

To be completed by Instructor

1.Instructor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Instructor Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Instructor E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Instructor University Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.Instructor Signature: The Practicum instructor must read the following and initial and sign at the end if in agreement.

* The student’s course instructor has approved the above stated Practicum experience.\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial signifying agreement)
* The Instructor approves the Site Supervisor’s credentials as being in counselor or Counseling related preparation \_\_\_\_\_\_\_\_(initial)
* The NCSU Counselor Education course instructor agrees to contact the Site Supervisor during the Advanced Counseling Practicum semesters by phone, e-mails, and/or visit/s to assist in monitoring student progress.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ECD 843 Advanced Counseling Practicum Date

 Instructor Signature

**Part IV.- Student Information**

To be completed by Student

1.Doctoral Practicum Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Student Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Student E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.Student Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Good Standing:

Place a check on the line for each statement that is true; write an explanation for items that are not checked.

\_\_\_\_\_As a student, I have never had a formal disciplinary charge against me by NCSU or any college or university, and there are no pending student misconduct charges against me. (If yes, please provide full details on a separate sheet. A disciplinary history does not necessarily disqualify an applicant.)

\_\_\_\_\_I have never been diagnosed or treated for a physical or emotional problem that would interfere with my roles and duties as a counselor. (If yes, please provide full details on a separate sheet.)

\_\_\_\_To the best of my knowledge, I have no attitudes that would interfere with my ability to work with or cause me to discriminate against clients upon the basis of race, color, religion, creed, sex, national origin, age, disability, veteran status, sexual orientation, or socioeconomic status.

\_\_\_\_I have never been convicted of a felony in a court of law (NOTE: You may be required to complete and pay for a criminal background check at the request of the school system or other site in which you work (as a paid or unpaid employee). If yes, please provide full details on a separate sheet.)

\_\_\_\_\_I am neither under the influence of illegal drugs nor participating in the distribution/sale of illegal drugs; and will not, while I am a Doctoral student in the Counselor Education Program, use illegal drugs or participate in the distribution/sale of illegal drugs.

\_\_\_\_\_I agree to inform the Counselor Education Program if, while I am a Doctoral student in the Counselor Education Program, I am charged with any violations of the NCSU Code of Student Conduct; charged by any university representative with a violation of any disciplinary code; or charged with any violations of federal, state, or local law.

\_\_\_\_I agree to inform the Counselor Education Program if I am dealing with a mental health concern that would put myself or my clients at my Practicum or Internship site at risk.

Note: The Counselor Education Program as part of the application process checks with other University programs (i.e .the Office of Student Conduct) regarding applicant behavior/conduct on campus.

Ethical Guidelines:

Place a check on the line to indicate you plan to adhere to each guideline.

\_\_\_\_\_I plan to uphold client confidentiality as well as the limits to confidentiality.

\_\_\_\_\_I am aware of the limits to my training and abilities and plan to see assistance with supervisors when a clinical situation is beyond my abilities and training.

\_\_\_\_\_I will identify myself as a counselor-in-training and not misrepresent myself.

\_\_\_\_\_I will accurately and reliably maintain written and other records require by my site.

\_\_\_\_\_I will refrain from counseling people with whom I have other types of relationships. (I will avoid dual relationships.)

\_\_\_\_\_Under no circumstances will I become involved in a sexual or romantic relationship with clients at my site and I will not engage in sexual harassment.

\_\_\_\_\_I will monitor my own emotional and physical status and practice self awareness to avoid any adverse impact on my clients.

\_\_\_\_\_I will discuss ethical standards with my supervisors.

**By signing below I affirm that I have provided full and truthful details on this document as well as agreeing that I will adhere to all of the ethical guidelines listed above and in the Practicum/Internship Handbook. I understand this contract and will uphold this contract to the best of my ability. I also agree to that I have purchased liability insurance which will cover the time span of my clinical experience.**

**Doctoral Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Practicum Course Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**