



**CLINICAL MENTAL HEALTH COUNSELING (CMHC) PROGRAM
PRACTICUM AFFILIATION AGREEMENT**

Student's Name _____

Agency name _____

Agency address _____

City _____ State _____ Zip _____ Phone _____

Agency Representative Name¹: _____

Supervisor name/license _____

Supervisor E-mail _____

Supervisor address² _____

City _____ State _____ Zip _____ Phone _____

¹ Necessary if the person granting permission for the field experience is different than the supervisor.

² If different from agency contact information.

This is an agreement between the Clinical Mental Health Counseling (CMHC) Program of Ashland Theological Seminary, 910 Center St., Ashland, OH 44805, 419-289-5472, and the host site for the student's practicum. **NOTE:** *Practicum guidelines from the Ohio Counselor, Social Worker, and Marriage & Family Therapist Board are described, primarily, in OAC section 4757-13-01, as well as in OAC section 4757-17-01.* The Seminary and agency agree,

1. STUDENT RESPONSIBILITIES

- a. Students pursuing licensure must **file the Professional Counselor Training Supervision Agreement form** with the Counselor, Social Worker, and Marriage & Family Therapist Board at the beginning of the practicum, to obtain Counselor Trainee (C.T.) status.
- b. **To meet CMHC and licensure requirements** for the practicum,
 - i. Students must complete **no less than 100 clock hours** in the practicum (no less than **40 hours direct of service**)
 - ii. Students will log their hours on the **Logsheets of Hours** provided by the program and present this for review and signature by the supervisor each semester.
 - iii. Students are responsible for providing the supervisor with the appropriate evaluation form (**Field Supervisor Evaluation of Student form**) **at the beginning of each semester** and to submit the completed and signed form (along with the logsheet) to the program by the due date.
 - iv. Students are expected to conduct themselves in a **professional manner** regarding all aspects of the practicum experience.
- c. **Scheduling:** Scheduling will be based on agency, student, and client needs, with vacations and breaks following the agency, not the seminary, calendar.

- d. **Malpractice insurance:** Students are required to purchase student malpractice insurance **prior to beginning** their practicum and provide proof of coverage to the program (and supervisor/agency if requested). Students are required to **maintain coverage** throughout the practicum experience.
- e. **Ongoing enrollment in practicum:** The student must remain enrolled in a practicum section (and maintain CT status with the State), attend practicum classes and complete all class assignments until all practicum requirements are met.
- f. **Other degree requirements:** Students are expected to **devote sufficient time** to all degree requirements to ensure their completion.

2. **AGENCY/SUPERVISOR RESPONSIBILITIES**

- a. The agency/supervisor will **provide a setting, clients, and necessary support** for students.
 - i. A minimum of 40 hours of the student’s time must be in **direct client service** (i.e., counseling-related activities such as sitting in on counseling sessions, individual counseling with a client, marital, and/or family counseling, etc.). An additional program requirement is that students have opportunity to **work with groups** at some point in their practicum experience.
 - ii. The remaining hours that comprise the 100 hour practicum experience will be in **indirect counselor-related activities**. “Indirect” activities include chart review, attending staff meetings, documentation, research activities, consultations, and the like.
- b. The agency/supervisor will **provide orientation and familiarization with policies and procedures**, including attendance at staff training, and interaction with staff when possible.
- c. The agency/supervisor will **provide clinically, ethically, and legally sound supervision**.
 - i. The supervisor must be a **Professional Clinical Counselor with supervising counselor status (PCC-S)**.
 - ii. **Weekly supervision sessions** shall be provided with **no less than 1 hour** of face-to-face supervision to every 20 hours of service (Direct and Indirect). The supervision may be individual or triadic (composed of one supervisor and 2 Counselor Trainees). Additionally, as required by the Council for Accreditation of Counseling and Related Educational Programs (CACREP Standards, Section III.F.4), practicum students must have the **opportunity to receive either live supervision or videotaping capability of sessions that may be reviewed by their supervisor**.
 - iii. The supervisor will submit **semesterly evaluations** on the student to the program on provided forms (between 5 and 10 minutes to complete). Supervisors will also review and sign **logsheets** completed by students. The **student is responsible** for providing the supervisor with the appropriate forms at the required times and to submit them to the program by the due date.
- d. The agency/supervisor is **not expected to pay the student** (although it may at its discretion). The student is **not expected to pay for supervision** unless agreed upon in writing. The agency/supervisor may collect fees from clients the student counsels, in accordance with state law.
- e. The agency/supervisor will **notify the CMHC program practicum coordinator** if the student is terminated from agency counseling for any reason. Whenever possible, the agency/supervisor will notify the practicum coordinator prior to such termination.

3. **CLINICAL MENTAL HEALTH COUNSELING PROGRAM RESPONSIBILITIES**

- a. The program will **equip the student** with the knowledge, skills, professional abilities and other expertise needed for the Practicum.
- b. The program will **oversee the student’s academic progress** and notify the agency if the student is no longer enrolled or in good standing. The program may withdraw a student from the practicum for any reasonable cause, following discussion between all parties affected.
- c. The practicum coordinator, Dr. Michael Reuschling, LPCC-S, serves as the **primary contact person** to the agency and/or supervisors.
- d. The program will **respect the confidential nature** of all client-related information.
- e. The program shall provide evaluation forms, on a periodic basis, to be used in assessing the student's work and progress.
- f. Bi-weekly contact will be made with the supervisor by practicum class small group facilitators as a means of monitoring student progress and discussing any concerns the supervisor may be encountering with the student (i.e., formative evaluation) prior to the semesterly evaluation (i.e., summative evaluation).

4. **NOTIFICATION** - Contact between parties shall be made using the names, addresses, and/or phone numbers listed in this affiliation agreement.

5. **ACCEPTANCE** - The terms of this agreement are accepted by:

SIGNATURES:

CMHC Student _____ Date: _____

Field Supervisor/credentials _____ Date: _____

Agency Representative* _____ Date: _____

Practicum Coordinator _____ Date: _____

Michael Reuschling, Ph.D., LPCC-S

Note: The supervisor and agency representative will be provided a copy of the signed agreement once all parties have signed and the agreement has been received by the Clinical Mental Health Counseling Program.

Please visit our Clinical Mental Health Counseling web page for information about the program and downloads of the Annual Report and CACREP Vital Statistics Survey—<http://seminary.ashland.edu/academics/degree-programs/macmhc>