



THE CLINICAL MENTAL HEALTH
COUNSELING PROGRAM

John Carroll University

The Practicum & Internship Handbook

THE PRACTICUM AND INTERNSHIP HANDBOOK:

A Guide to Practicum & Internship

The Clinical Mental Health Counseling Program
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Dear Student:

Welcome to the beginning of your Practicum and Internship, the clinical experience component of your counselor training. Now is your opportunity to put formal knowledge into practice within the field.

We suggest that you set aside a minimum of one hour to read the information, to understand the process, and to grasp the minimal standards needed to have a successful Practicum and Internship experience.

This is a time to consider and work with your professor as both a mentor and peer. During the Practicum and Internship experience, the mutual development and learning which occurs between faculty and student is intensified. We look forward to learning a great deal from you during this time and thank you in advance for allowing us to join you in this part of your educational journey.

You have worked hard to reach this point. Enjoy the process. Remember you are here to lead and to serve others. May this be a life-giving time for you and your clients.

Sincerely,





Faculty Members of John Carroll University's Department of Counseling



Introduction: How to Use this Handbook

This handbook is designed to provide comprehensive information that will assist you in completing the Practicum and Internship experience required for the completion of your degree program. You are encouraged to become thoroughly familiar with its contents, much of which are designed to meet state and national licensure requirements.

While reading this handbook, direct close attention to icons and their descriptions found in the icon key. These icons will help clarify common confusing points and commonly asked questions. If you are utilizing the computer version of this handbook, note the blue words that are underlined as these links will take you directly to that section of the handbook. Place your cursor over these words, hold the “Control” key, and left-click the mouse.

ICON KEY	
	Valuable Information
	Requires Paperwork
	Find Online
	See Appendix

Definitions:

In order to promote a clear understanding of the meanings intended in this handbook, a number of specific terms are defined.

Practicum Student—A student in training who is enrolled in a specific practicum course. The practicum course is an entry-level experience, less intensive than the internship course.

Intern—A student in training who is enrolled in a specific internship course. By previously completing the academic and experiential requirements of the practicum course, this student has satisfied the prerequisites necessary to enroll in the internship component of the program.

Counselor Trainee (CT)— The official term used to describe both Practicum and Internship students by The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (CSWMFT). It describes an individual who is seeking licensure as a professional counselor and who is currently enrolled in either Practicum or Internship within a counselor education program and registered with The Ohio CSWMFT Board. This term should be utilized by both practicum students and interns, to designate—properly and legally—a training status within the profession.

Practicum/Internship Site—This is the location where the practicum/internship experience occurs. This site must meet John Carroll University training program standards for the practicum/internship experience. This site **MUST** be a clinical site, *involving the diagnosis and treatment of mental and emotional disorders and conditions*. A significant portion of the practicum/internship experience must involve direct client contact. See page 10 for more detail.

Clinical Coordinator of the Clinical Mental Health Counseling Program —This individual is responsible for discussing specific requirements for the practicum/internship experience with the practicum student or intern.



Dr. Paula Britton currently occupies this position within the Counseling Program and may be reached directly at (216) 397-1710 or pbritton@jcu.edu.

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Clinical Coordinator Assistant—This individual collects paperwork related to the practicum/internship experience prior to semester-specific deadlines, maintaining an updated file for each practicum/internship student. The Clinical Coordinator Assistant maintains a current directory of approved placement sites and oversees an information resource for counseling students that includes confidential student evaluations of many practicum/internship sites.




Amy Zucca currently occupies this position within the Counseling Program and may be reach directly at 216-397-1708 or at azucca@jcu.edu. Her office is located in AD309

Practicum Instructor or Internship Instructor—This individual instructs a bi-weekly course, during which individual student progress is monitored and individual case studies are presented. In this way, group supervision of students is provided. In some instances, instructors may provide student supervision on an individual basis. Initially, instructors receive information regarding the status of site placements for each enrolled student from the Clinical Coordinator Assistant. The instructor maintains communication with on-site supervisors as indicated, making on-site visits. Any dialogue regarding significant problems occurring on-site will be initiated with the assistance of this instructor. At the conclusion of the internship experience, the instructor secures confidential site evaluations from students, delivers these site evaluations to the Clinical Coordinator Assistant, and assigns final (Pass/Fail) grades.

John Carroll University Practicum Supervisor— This individual meets with practicum students on a **weekly** basis, providing personalized supervision and a weekly review of specific on-site cases encountered by the practicum student. Supervision includes discussions of the student’s experiences, review of audio or video recordings, and evaluation of performance.

Utilized during the practicum experience only, this supervisor is typically a John Carroll University faculty member or a doctoral student working under the supervision of John Carroll University faculty.

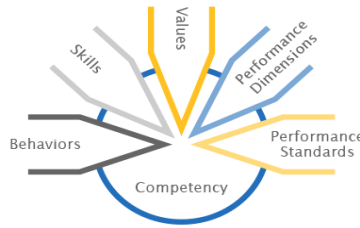
 **Practicum/Internship Site Supervisor**—This individual is a clearly designated, appropriately licensed (PCC-S) with supervision designation and a professional staff member at the practicum or internship site who is directly responsible for providing systematic, intensive supervision of the student's professional training activities and performance. The Practicum/Internship Site Supervisor must meet requirements defined by The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board. Specifically, site supervisors must provide clinical experiences (*involving the diagnosis and treatment of emotional and mental disorders and conditions*) in accordance with guidelines that include at least 1 hour of individual supervision for every 20 on-site hours that the student works.

 **State of Ohio Counselor, Social Worker, and Marriage and Family Board**

This is our state's licensing board. The board must approve all placements and provide counselor trainee status to students. No student can practice in a placement without Counselor Trainee status. It is **HIGHLY** recommended that you familiarize yourself with the Board website, as you will be utilizing it extensively during practicum and internship. Contact information is listed below:

50 West Broad St, Suite 1075
Columbus, OH 43215-5919
www.cswmft.ohio.gov
Phone: (614) 466-0912 Fax (614) 728-7790
Contact person: Simeon Frazier at (614) 995-0548
Simeon.Frazier@cswb.state.oh.us

Suggested Competencies for Practicum & Internship



The following competencies should provide a foundation for the student’s practicum/internship. This list is not intended to be comprehensive. Specific sites may emphasize particular competencies over others.

Interviewing

The development of skills necessary in the interview process, including obtaining a psychosocial history and individual report writing.

Specific interviewing competencies:

- Ability to utilize interviewing skills such as observing, listening, interpreting and rapport-building.
- Ability to utilize gathering of psychosocial history to elicit pertinent information such as problem history, family and work history, medical history, substance abuse indicators, and accurate referral sources.
- Ability to ascertain present mental status and make preliminary diagnosis.
- Ability to write formal intake assessment reports.
- Ability to make tentative recommendations based upon the interview.

Evaluation and Diagnosis

- The development of skills necessary in the clinical assessment process, including the effective use of measurement instruments and the DSM-V.

Specific evaluation and diagnosis competencies:

- Ability to familiarize oneself with more frequently utilized evaluation instruments such as intelligence scales, achievement scales, aptitude scales, anxiety scales, and personality inventories and the ability to interpret and relate these instruments to diagnosis and treatment plans.
- Ability to differentiate between various diagnostic classifications (psychosis versus personality disorder, etc.) and the ability to classify disorders according to the DSM IV.
- Ability to summarize findings and recommendations in formal reports.

Treatment

The planning, implementation, and termination of individual, family, and group counseling, utilizing various evidenced based treatment modalities.

Specific treatment competencies:

- Ability to successfully engage in individual therapy utilizing definable treatment modalities. Ability to effectively utilize basic counseling skills such as listening, reflecting, reality testing, and interpretation. Ability to determine time frames and methods necessary for appropriately terminated therapy.
- Ability to engage or assist in family counseling utilizing counseling skills such as listening, reflecting, reality testing, and interpretation. Ability to utilize other skills pertinent to family therapy such as goal setting, addressing of needs of individual family members, interpreting family interaction patterns, and interpreting dysfunctional family behavioral patterns.
- Ability to lead group therapy utilizing definable treatment modalities. Ability to apply basic counseling skills such as listening, reflecting, reality testing, and interpretation to the process of group therapy.
- Ability to engage in substance abuse treatment when feasible. Ability to gain at least minimal knowledge of such treatment through visitation to substance abuse agencies or through participation in related training programs. Ability to identify symptoms of substance abuse, to become knowledgeable regarding appropriate treatment modalities, and to understand the impact of substance abuse on family relationships.
- Ability to design treatment plans and ability to write formal case reports.
- Ability to provide treatment to diverse clinical populations.

Case Management

The coordination of interrelated services—both within an agency and with supportive agencies—concerning a client and the development of client case reports.

Specific case management competencies:

- Knowledge of goals, purpose and functioning of each department and program within the agency. Knowledge of philosophy and policies of the agency.
- Knowledge of commonly utilized referral agencies and services and an understanding of the procedures involved in appropriate referral.
- Ability to manage or assist in management of individual cases, which include factors such as discharge planning, appropriate housing, vocational planning and referral services.
- Ability to engage in process of record-keeping and preparation of case reports.
- Ability to advocate for the client during the coordination of client services.

Agency Administration and Professional Behavior

The administrative structure of the agency, internal committees of the agency, philosophy of the agency, and professional, ethical, and legal considerations within the agency.

Specific agency administration and professional behavior competencies:

- Knowledge of the administrative and operative structure of the agency, including line-staff assignments, funding sources and operational policies.
- Knowledge of composition of the internal agency structure, internal committee communication processes and committee assignments and responsibilities.
- Understanding of and ability to utilize agency resources such as records, psychological and psychiatric consultations, or library and other related information sources.
- Knowledge of and adherence to professional standards and quality assurance policies of the agency, including policies regarding the client-counselor relationship, record keeping, referral consultation and the peer review process.
- Knowledge of and adherence to professional ethics and legal responsibilities, in accordance with standards of local, state, and national professional associations—particularly those of the American Counseling Association.
- **Knowledge of and adherence to state licensure laws as defined by The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board.**



Required Student Portfolio

Students are required to complete a portfolio comprised of required documents, activities, and forms which will be presented during their final semester in the program. Each student must meet with their academic advisor to review these requirements and save them onto a Compact Disk (CD). The following pages outline the student portfolio checklist that will be used with your advisor to verify successful completion of the portfolio requirement. Every student must complete a portfolio and receive approval by Counselor Education faculty in order to successfully graduate from the program. Directions for how to save each of these documents to a CD are provided below. NOTE: each document on the CD must be named according to the name as it is listed on this document (i.e. the underlined words below indicate the name for each saved file):

Introductory Documents

- Professional Reflection Paper – The portfolio begins with an introduction into the student’s personal reflections on becoming a professional counselor. This is a brief (2-3 page) paper that summarizes the journey the student has taken in the program and how this experience has affected his/her development as a reflective practitioner.
- Professional Resume – This document is an updated and polished resume that contains the student’s current and future (i.e. after graduation) contact information. This requirement serves as a way for students to highlight their accomplishments and achievements as they prepare for their professional career in counseling.
- Evidence of Completing the Graduating Student Survey – Students must complete the Online Graduating Student Survey and print out (i.e. save to disk) proof of completion (found on the final page of the survey). This serves as documented participation of our students’ providing the Program with feedback about their educational experiences. This is vital to ensure our Program continues to aim for the highest quality and standards.



Selected Assignments from Core Classes

- Portfolio assignment from CG 500 or CG 501 Orientation to CMHC or School Counseling
- Portfolio assignment from CG 505, Human Growth & Development
- Portfolio assignment from CG 509, Research & Evaluation
- Portfolio assignment from ED 530, Tests & Measurements
- Portfolio assignment from CG 531 Career Development
- Portfolio assignment from CG 535, Group Counseling
- Portfolio assignment from CG 561, Counseling Theory
- Portfolio assignment from CG 562, Counseling Techniques
- Portfolio assignment from CG 563 Diversity Issues in Counseling

Final Counselor Competency Scale (CCS) Forms

The final CCS forms from the following courses are required for your portfolio. This instrument provides evidence of your growth and development in counseling skills, behaviors, and dispositions.

- Final CCS from Techniques of Counseling (CG 562)
- Final CCS from Practicum (CG 591 or CG 592)
- Final CCS from Internship (CG 596 or CG 598)



Field Experience Documents

- Logs – Each student is required to submit signed hour logs from all semesters of practicum and internship.
- Internship Site Supervisor Final Evaluation Form – Students from all tracks are required to provide their final evaluation forms for all internship sites.

Professional Development Activities

- Evidence of Attendance – Students must submit proof of their attendance at a state, regional, national, or international conference.
- OR
- Professional Membership – Students must submit proof of membership in at least one professional counseling organization.

Comprehensive Exam Forms

- Evidence of passing the CPCE – Students in all tracks must take and successfully pass the CPCE prior to completing their final semester of internship. Evidence of successfully passing this exam must be provided. The CPCE is offered on the first Saturday after JCU Spring Break Classes resume, the first double-digit Saturday in July, and the first Saturday after JCU Fall Break classes resume. For a detailed schedule of CPCE dates please see the Counseling Department Website under “Comprehensive Exam”.
- Evidence of passing the Praxis Exam must be provided by School Counseling students. only) – School Counseling students

Directions for Loading Documents to the CD

1. All documents should be saved to the CD as Word (.doc) or Adobe (.pdf) files.
2. For those documents that are in —hard copy format (e.g., anything that is signed, letters verifying the passing of an exam, evidence of membership, etc.), will need to be scanned.
3. Scanned documents can be saved as PDF files on some computers (which would be ideal) or as images.
4. If an image is saved, cut-and-paste that image onto a Word document.
5. Once you have gathered all the necessary files, it is time to —burn (i.e. load) them to a CD. If you require assistance with this process, you are encouraged to consult with your colleagues, your instructors, or tech-support personnel.
6. Before submitting your final portfolio on CD, place the CD in another computer and ensure that each file can be opened and that each file is legible. Your advisor must be able to open and read your portfolio.



This Section Will Cover:

1. Selecting Practicum/Internship Placement Sites
2. Student Liability Insurance
3. Background Check and Fingerprinting
4. Audio-recording Procedures
5. Policy on Practicum/Internship Approval
6. Policy on Dismissal from Practicum/Internship

1. Selecting Practicum/Internship Placement Sites

Consideration should be given to the following outlined requirements and criteria when selecting a practicum or internship site.

A Practicum or Internship Site Must Meet the Following Requirements:

- All sites must be clinical sites
- All sites must be registered with The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board
- The site must include: “the diagnosis and treatment of emotional and mental disorders and conditions”
- The site should provide the opportunity to counsel clients representing demographic diversity
- The site must provide direct contact hours with clients and the opportunities to perform (under appropriate supervision) all activities that a regularly employed staff member is expected to perform
- All activities must be within the scope of counselor training as defined by The State of Ohio CSWMFT Board
- All sites must be approved by John Carroll University and registered with the CSWMFT Board

Note

The practicum and internship are typically completed at the same location and transpire over the span of three consecutive semesters. These semesters represent the minimal amount of time necessary to complete the practicum and internship. In some cases, additional time may be indicated. Internship hours may NOT be collected during the Practicum course.

The Practicum/Internship Site Supervisor Must Meet the Following Criteria:

- The supervisor must make appropriate provisions for the student’s orientation to the practicum or internship site, i.e. emergency procedures, procedures for assigning clients, site-specific limits to confidentiality, etc.
- The supervisor must provide on-site student working space
- Student goals are developed with the supervisor’s assistance, who maintains responsibility for on-site continuity throughout practicum/internship
- The supervisor assists in the evaluation of student performance by completing forms explained in the practicum/internship syllabus



Though all practicum and internship placements should be initially discussed with the Clinical Coordinator, **the responsibility to secure a placement lies entirely with the student.** A directory of approved placement sites is available on the [Graduate Studies website](#) through the Clinical Coordinator Assistant, Amy Zucca (azucca@jcu.edu). Students may request sites not included in this directory, but these requests must be made with the cooperation of the Clinical Coordinator. In the case of previously unapproved sites, some initial site screening may be required. In some cases, it may be possible for a student to utilize his/her present work site for the practicum/internship experience. However, this possibility is dependent upon specific work tasks encountered at the site in question. Any placement of this nature must be approved by The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board and the JCU Clinical Coordinator.

The practicum/internship experience may be paid or unpaid. Specific sites should be contacted directly regarding remuneration policies for practicum students and interns. It is recommended that students leave adequate time for the set-up of the practicum/internship site as some sites may require a lengthy interview and assignment process. The average amount of time to allot is 6 months from start to finish.



An important reference for students seeking appropriate practicum or internship sites is available through the Clinical Coordinator Assistant, Amy Zucca (azucca@jcu.edu) who maintains a notebook containing student evaluations of various sites. This information is provided solely for the use of John Carroll University graduate students in the Clinical Mental Health Program. This information is not provided to the general public under any circumstances. In the past, this information has proven helpful to counseling students who seek to match personal interests with approved practicum or internship sites.

2. Student Liability Insurance

Practicum and internship students are required to possess liability insurance required for coverage during the entire practicum/internship experience. Students should obtain a personally held policy, even if coverage is provided by their employer.

The American Counseling Association offers a free student rate for this insurance. Students are advised to choose the \$1,000,000—\$3,000,000 coverage. Students must be members of ACA and in a Master's Level counseling program.



See <http://www.counseling.org/membership/membership-benefits> for more details or call 1-800-347-6647 ext. 284.

The ACA Insurance Trust, Inc. (ACAIT) has partnered with Healthcare Providers Service Organization (HPSO) to provide a comprehensive professional liability program for students. Students interested in obtaining liability insurance through this program, should call ACAIT for an application (1-800-347-6647 extension 284) or apply online by visiting the website: www.hpso.com. If students do not want to apply by credit card, send address or fax number to have an application sent via mail to:

ACA Insurance Trust, Inc.
 5999 Stevenson Avenue
 Alexandria, VA 22304
 Phone (800) 347-6647 ext. 284
 Fax (703) 823-5267
 Email: Pnelson.acait@counseling.org

Once liability insurance is obtained, a copy of the student policy should be provided to the Clinical Coordinator Assistant, for inclusion in the student practicum/internship file.

3. Background Check and Fingerprinting

You must complete a criminal records check for both the BCI & FBI in order for your CT Application to be processed by the Ohio Board. The Criminal Records Check can take 2-4 weeks to process. All backgrounds MUST be done through an approved vendor through “WebCheck.” After Board receipt of your background check, with a written request, the board may mail you a copy of your BCI & FBI reports for your future use. There are fees involved, **all results from the background checks must be mailed directly to the Ohio Board. They will not accept copies from students.**



Print the BCI & FBI INSTRUCTIONS sheet from: <http://cswmft.ohio.gov/pdfs/CRC0308.pdf>.



Take this form with you to a Sheriff or Police Department. See the appendix for the step-by-step process of completing the background check and to find an approved location “WebCheck” vendor for completing your background check. **BCI and FBI Checks are good for ONE year.**

4. Recording/Taping Procedures



Both practicum and internship students are required to audio or video tape a specific number of counseling sessions during the practicum/internship experience. **If audiotapes are utilized, these tapes must be audible.** These counseling sessions must not be intake sessions, but instead should be either individual or group counseling sessions during which the student serves as either counselor or co-facilitator. Taping of these sessions must be approved by the involved clients. **Consent forms** for this purpose are included within this handbook. These forms need to be signed by clients themselves or by a client's **parents**, should the client be a minor. Individual practicum or internship sites may have their own consent forms, which students should use accordingly. If sites do not have their own forms, the consent forms included in this handbook may be used, with Site Supervisor approval. **Tapes shall be deleted after supervision is complete and all tapes should be deleted at the completion of the course. If taping is not permitted at the site, the instructor will assist students in finding taping experiences.**

5. Policy on Practicum/Internship Approval

The Clinical Mental Health Counseling Program at John Carroll University has adopted a policy that serves as the guideline for University approval of practicum/internship placements. The policy statement reads as follows:

“In each instance within the Master’s Degree in Clinical Mental Health Counseling, the practicum/internship placement is subject to University approval. The University will not approve practicum/internship placements in situations or settings that violate human rights, demean human dignity, or operate according to principles directly opposed to those for which the University as a Catholic institution must stand.”

6. Policy on Student Concerns and Dismissal from Practicum/Internship

Program faculty maintain the right and responsibility to review at any time any circumstance or behaviors by a student that could affect the student’s status in the practicum/internship experience. Faculty also maintain the right to, at any time, review competencies for individual professional practice that may impact whether a student should continue in the clinical experience. Faculty has the right and responsibly to review students whose demeanor or behaviors might threaten the welfare or well-being of a client. Students can be given a failing grade or asked to drop the course if there is evidence of unethical, unprofessional, or impaired behaviors including but not limited to the following:

- violation of professional standards or ethical codes;
- inability or unwillingness to acquire or manifest professional skills at an acceptable level of competency;
- behaviors that can reasonably be predictive of poor future professional functioning, such as extensive lateness in client record-keeping or poor compliance with supervisory requirements;
- interpersonal behaviors and interpersonal functioning that impairs one's professional functioning;
- inability to exercise sound clinical judgment, poor interpersonal skills, and pervasive interpersonal problems.
- Academic misconduct or dishonesty
- Criminal conviction/felony
- Failure to comply with university or department timetables and requirements
- Cognitive, affective, and/or behavior impairments that obstruct the training process and/or threaten the welfare of others
- Substance abuse

Practicum/Internship sites also retain the right to dismiss students from the site for any reason. If a student is dismissed from the site, the hours collected at that site may not be used towards completion of hours towards practicum/internship. For any concerns with a student during their clinical experience, a concern conference with the Chair of the Counseling Department will be scheduled and students may be asked to do remedial work or dismissed from the program. Students will not receive credit for the course until clinical hours are completed.

Applying for Practicum & Internship



In order to apply for the Practicum/Internship experience, students will have a variety of forms to complete. First, students must complete the [Practicum/Internship Registration Intent Form and Developmental Statement](#), reviewed and signed by your advisor, and returning this form to the Clinical Coordinator.

This form MUST be returned to the Clinical Coordinator no later than **MARCH 1** for a practicum starting during the Fall semester and no later than **OCTOBER 1** for a practicum start during the Spring semester. Students applying later than these dates will not be permitted to enroll in CG 592. On this form, a student must review his/her completed coursework within the Clinical Mental Health Counseling Program and list sites of interest that he/she intends to contact and investigate for potential practicum/internship placement.

- Ideally, a student should complete the required hours for both Practicum and Internship at the same site. A final practicum/internship site may be decided upon and approved following student contact with on-site personnel and confirmation of a student position by the Practicum/Internship Site Supervisor.



- Following this approval and confirmation, the student must complete the [Professional Counselor Trainee Initial Application Form](#) and other Ohio Board application forms. This form is included in this handbook but also can be found as an active PDF file on the board's website www.cswmft.ohio.gov, under the "Forms" link. **Keep copies of everything you send to the board.**

- Attach a copy of your registration form for CG 592 or CG 596 to show proof that you are enrolled in the course. A print-out of your schedule from the JCU Banner is sufficient. Students can send it as an attachment or fax the form to (614) 728-7790. Students will receive notification of approval from the Board. PLEASE NOTE DATES for which CT status has been approved.
- Submit proof of CT status approval from the Board. This can be a copy of a confirmation email from the Board, or you can print your CT status approval online on the [CSWMFT Board website](#)
- The student must complete the following to the Clinical Coordinator Assistant, Amy Zucca (AD309):



- [Practicum/Internship Field Agreement](#) signed by all parties
- A copy of the [Professional Counselor Trainee Initial Application Form](#) (the original will have been sent to the Ohio Board)
- [Supervisor Qualifications Form](#)
- Proof of personally held **liability insurance**

Notification of finding a site must be submitted by **MAY 1** for a practicum starting during Fall semester and no later than **DECEMBER 1** for a practicum starting during Spring semester. These deadlines are non-negotiable. Failure to submit this by the deadlines indicated here may result in a student being unable to enter the course. **Keep copies of all these forms.** Completed forms must all be turned in the first day of class.

- At the completion of the Practicum experience, students must complete and submit to the practicum instructor the [Documentation of Practicum Hours Form and Log](#) signed by the student, the site supervisor, and the practicum instructor.
- Please Note: CG 592/Practicum in Counseling is not offered during Summer I, II, and III sessions. Students will need to get permission from the board if they are extending their CT status passed the semester they are taking the CG 592 or CG 596. A letter from the Clinical Coordinator will be necessary to facilitate this process.

Note

Practicum (CG 592) CANNOT begin during Summer sessions but may start in the Fall or Spring semesters. Once students have successfully completed Practicum, then Internship courses (CG 596 A and B) may be completed during the Summer sessions.

Example Course Flow Sheet:

Semester	Course Schedule Example 1	Semester	Course Schedule Example 2
Fall	CG 592	Spring	CG 592
Spring	CG 596A	Summer	CG 596A
Summer	CG596B	Fall	CG 596B

Practicum Course Requirements

Included in this Section:

- Scheduling Considerations
- Requirements for the Practicum Experience
- Grading of Practicum



Scheduling Considerations

Practicum (CG 592) in Clinical Mental Health Counseling should be taken only **AFTER** a student has completed CG 561/Counseling Theories **and** CG 562/Counseling Techniques.

Practicum (CG 592) is a prerequisite for Internship (CG 596A) in Clinical Mental Health Counseling.

Note

Some Practicum/Internship sites may require or prefer the counselor trainee to have completed **Diagnosis (CG 572)**. Site expectations of the counselor trainee should be discussed when applying to each site.



Requirements for the Practicum Experience

The practicum requires:

- A total of 100 clock hours on-site
- A minimum of 40 hours of direct service with clients
- A minimum of one hour per week of supervision with the student's John Carroll University Practicum Supervisor.
- **All hours in relation to CG 592 coursework should be recorded on the Practicum Log included in this handbook or on a similar form of the student or site's own design.**

The completed log form will be presented to the Practicum Instructor at the conclusion of the semester. CG592 class meets for 2 ½ hours bi-weekly, with the student required to present cases (including portions of audio or video-taped material) to the class. In this way, the student will gain expertise in the location and utilization of appropriate case consultation through fellow practitioners.

Notebook – Students should purchase and maintain a three ring notebook for the entire practicum/internship experience. Students are responsible for keeping copies of ALL paperwork for ALL three semesters in the notebook and will be required to turn in their notebook for review at the completion of each clinical course. Some of the forms will be turned in to the instructor at that time.

Additional details regarding requirements for Practicum

1. The minimum of 40 direct service client contact hours must include work with at least three different individual clients. **It is recommended that at least 50% of direct service hours include, specifically, direct work with clients in the diagnosis and treatment of emotional and mental disorders and conditions.** These sessions must be either audio or video taped in accordance with course supervision requirements.

2. Students will have 5 counseling sessions reviewed. The session reviews can come from either live supervision or a tape review. Students will meet for individual or small group supervision with an assigned **John Carroll University supervisor**. With approval, the site supervisor may play the role of the University supervisor but must agree to bi-weekly consultation with the course instructor. Individual and Group Tape review should be filled out by the student and the Practicum Supervisor

In the supervision meetings, the students will review sessions with the supervisor. Students should present areas they want help with in terms of understanding the client, defining the problem, enhancing their counseling skills, or developing a treatment plan. Students will also discuss other cases each week.

- The students will be responsible to have an audible tape of a client ready to be played for supervision session. If unable to get a client tape, a role-played tape may be used.
- Students may ask their site supervisor to fill out some of the forms if they provided live supervision of the individual or group counseling session.
- Each tape must contain a counseling session of no less than 30 minutes (Case management is not considered counseling).
- Each tape is to be completely audible (of the student and the client).
- **A minimum of 5 session reviews is required** to pass this course documented by session review forms.
- Students should turn 5 forms to the instructor upon completion of the course (and include in notebook.)
- If students miss a supervision session, it must be made up or continued into next semester.

3. The practicum course incorporates three types of supervision—

- Individual/small group supervision through the John Carroll University Practicum Supervisor.
- Group Supervision through bi-weekly class meetings with the Practicum Instructor. The student will complete a formal evaluation of the John Carroll Practicum Supervisor at the conclusion of the practicum course.
- Individual/Group supervision by site supervisor (one hour for every 20 of work).



4. Practicum requires the development of specific objectives by the student and the demonstration of behavior in accordance with the ethical and professional standards delineated in the [American Counseling Association Code of Ethics and Standards of Practice](#).

5. Additional assignments—including student self-evaluations, John Carroll University Practicum Supervisor evaluations, and site supervisors evaluations of student progress—will be addressed at the outset of the practicum course and detailed on the course syllabus. Over the course of the semester, students may be required to complete administrative duties such as listening to taped counseling sessions, researching particular client populations in order to prepare for counseling sessions, or other related paperwork.



6. At the completion of the course, students will submit four evaluations. The form [Professional Performance Fitness Evaluation](#) should be completed by:

- John Carroll University Practicum Supervisor
- Practicum Site Supervisor
- By the Student him/her self
- Practicum Instructor



7. At the completion of the course, students must also submit the [Documentation of Hours](#) and return the form and log to the Practicum Instructor.

Practicum Grading:

Pass/Fail grades are assigned by the Practicum Instructor. If the Practicum Instructor or the Site Supervisor have concerns regarding a student's progress, the Practicum Instructor will meet with the student and the Site Supervisor during the course of the semester to determine an appropriate course of action. A concern conference with the Chair of the Counseling Department may be scheduled with a corresponding remediation plan. The Practicum Instructor retains the right to administer an "in process" grade for the student, which may stand until the student's performance is deemed satisfactory and deserving of a passing grade. Students will need to extend their CT status under these circumstances.

Checklist for Practicum Start

Step 1

Find a Site!



Obtain copy of the Practicum/Internship Site Directory from the Clinical Coordinator Assistant or find online at: www.jcu.edu/graduate/programs/cc/cc-home.htm

Have completed BOTH Counseling Theories and Counseling Techniques

Schedule appointments/interviews with site supervisors at sites of interest

Negotiate Practicum/Internship placement through site supervisor

Submit the following to the Clinical Coordinator Assistant no later than October 1st for a Spring Semester Practicum start and no later than March 1st for a Fall Semester Practicum Start:

- Practicum/Internship Registration Intent Form
- Developmental Statement

Step 2

Register and Prep!

Register in Banner for CG592:
Practicum in Clinical Mental Health Counseling

BCI and FBI Background Checks – Must be completed for the Ohio CSWMFT Board to approve the CT application

Liability Insurance – Obtain a personally held plan for a period of time covering the duration of the practicum/internship experience

Step 3

Paperwork!



Counselor Trainee Initial Application Form :

- Submit to the State of Ohio Counselor, Social Worker, Marriage and Family Therapist Board PRIOR to the starting Practicum
- **Allow 30 days to process**

Check for Approved CT Status (See easy steps to counselor trainee status form)

Submit the following to the Clinical Coordinator Assistant no later than December 1st for a Spring Semester Practicum and no later than May 1st for a Fall Semester Practicum start:

- JCU Practicum/Internship Field Agreement
- JCU Supervisor Qualifications Form
- Counselor Trainee Initial Application (copy)
- Proof of Liability Insurance
- Proof of CT status

Forms to Complete During & After Practicum

The appendix contains forms that you will need to complete during your practicum. Please make additional copies as needed. These forms will be explained more fully in your Practicum Course Syllabus.

It is your responsibility to fill the forms out and give them to the appropriate person(s). Please read these forms carefully. If necessary, make multiple copies of these forms. Please print legibly or type responses.

Forms for use DURING the practicum experience:

- [Activity Report](#): Use for weekly reflection on your practicum experience. Use with Personal Analysis Log.
- [Practicum Log](#): Use for logging of all Practicum hours to fulfill Practicum hour requirements. *Students may use the form in this handbook or may create a new form as long as it contains all the same information.*
- [Client Consent Form](#) for audio-recording of sessions
- [Parental Consent Form](#) for audio-recording (only for clients under the age of 18)
- [Session Review Form](#) completed by either site or JCU supervisor
- [Goal sheets](#)
- [Case Report and Treatment Plan outline](#)

Forms to complete AFTER the practicum experience:

- [Practicum Completion Form](#)
- [Professional Performance Fitness Evaluation](#)
- [University Practicum Supervisor Evaluation](#)
- [Counselor Self-Efficacy Scale](#)
- [Grading checklist](#)
- [Formal evaluation by instructor](#)

Note



All forms can be found in the Appendix. If you have any questions about a form please consult your instructor or the clinical coordinator, Dr. Paula Britton.



The Internship Course Requirements

Included in this Section:

1. Scheduling Considerations
2. Requirements for Internship
3. Grading of Internship

1. Scheduling Considerations

The internship is designed to be an intensive hands-on experience conducted in a setting similar to one in which the student will eventually find employment. The internship experience should incorporate qualities specific to professional counseling positions, with consistent and extensive supervision. CG 596-A/B /Internship in Clinical Mental Health Counseling should be taken only after a student has successfully completed CG 592/Practicum in Clinical Mental Health Counseling and its related prerequisites. Internship is divided among two semesters.

Typically, the internship course is completed during a time period coinciding with a majority of the required internship on-site hours.

2. Requirements for Internship

The internship experience program requires a total of :

- Two semesters, CG 596A and CG 596 B
- 600 clock hours on-site
- A minimum of 240 hours of direct service with clients including a minimum of 10 hours of direct service with group work.
- A minimum of one hour of direct supervision with the Internship Site Supervisor for every 20 hours on-site (equating to a total of 30 hours of direct supervision over the course of the semester).

During the internship, the Internship Site Supervisor subsumes the weekly supervisory role previously filled by the John Carroll University Practicum Supervisor during the student's practicum.



All hours in relation to CG 596 coursework should be recorded either on the Internship Log included in this handbook or on a similar form of the student or site's own design.

CG 596 class meets for 2 ½ hours bi-weekly, with students required to present cases (including portions of audio or video taped material) to the class. In this way, the student will gain further expertise in the locating and utilization of appropriate case consultation through fellow practitioners. The internship provides opportunities for students to gain supervised experience in the use of a variety of professional resources that include print and non-print media, professional literature, research findings, and appropriate referral sources and providers.

Additional details regarding requirements for internship are as follows:

1. It is recommended that at least 50% of the 240 direct service hours include direct work with clients in the diagnosis and treatment of emotional and mental disorders and conditions
2. The internship course incorporates two types of supervision:
 - Individual Supervision through the Internship Site Supervisor
 - Group Supervision through bi-weekly class meetings with the Internship Instructor. The Site Supervisor will complete two types of formal evaluation of the intern following the completion of the required 600 on-site hours.
 - Students will have 5 counseling sessions reviewed by site supervisor using session review forms. The session reviews can come from either live supervision or a tape review. At least one review form needs to be a group. Completed review forms should be included in the notebook.
3. The internship experience requires the development of specific objectives by the student and the demonstration of behavior in accordance with the ethical and professional standards delineated in the [American Counseling Association Code of Ethics and Standards of Practice](#).
4. Additional assignments will be addressed at the outset of the internship course and detailed on the course syllabus. By design, CG 596 is focused on the on-site component of the experience, as direct supervision is experienced on-site and the expectation of an increased number of hours spent on-site becomes clear.
5. At the completion of the internship course CG 596B, the student's Practicum/Internship Site Supervisor must complete two formal evaluations:

The [JCU Site Supervisor Evaluation of Counselor Trainee](#) form.



This evaluation is submitted to the Internship Instructor. It is designed to include an opportunity for the intern and Site Supervisor to formally consult regarding the student's performance during the internship. A student within the Clinical Mental Health Counseling program CANNOT complete internship or graduate without a completed copy of this form.

The Internship Supervisor Evaluation Rating Form



Note that the student must sign a waiver of liability and give the form to his/her registered supervisor. The supervisor fills out the form and puts it in a **business size envelope, signs across the seal** and returns it to the student. This form can also be found on the board's website at www.cswmft.ohio.gov and filled out as a PDF file. It is the student's responsibility to send this form directly to The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, to be filed with the Board within 30 days of the completion of all required on-site internship hours (including the minimum 240 hours of direct client contact). Students cannot get licensed without this form on file.

6. **Documentation of Hours Form and Log** signed by the student, the Site Supervisor and the Internship Instructor.
7. Complete and submit the **Two Program Evaluation Forms (one completed by student and one by the site supervisor)** and submit to the Internship Instructor.
8. Complete **Counselor Self-efficacy survey** and review results.

Note



All forms can be found in the Appendix. If you have any questions about a form please consult your instructor or the clinical coordinator, Dr. Paula Britton.

Internship Grading

Pass/Fail grades are assigned by the Internship Instructor. If the Internship Instructor or the Site Supervisor has concerns regarding a student's progress, the Internship Instructor will meet with the student and the Site Supervisor during the course of the semester to determine an appropriate course of action. A concern conference with the Chair of the Counseling Department may be scheduled with corresponding remediation plan. The Internship Instructor retains the right to administer an "in process" grade for the student, which may stand until the student's performance is deemed satisfactory and deserving of a passing grade. Students who have not completed 600 on-site hours by the end of the Internship B will receive an "in process" grade until they complete the requirements for the internship. They will need to extend their CT status with the board which will require a letter from the Clinical Coordinator.

Checklist for Internship Start

1. Register in Banner for CG 596A/Internship in Clinical Mental Health Counseling
2. Submit the CT Initial Status form to the CSWMFT Board for Internship. If continuing internship and your CT status has expired, please complete the [CT Extension](#) form. Both form can be found as a PDF at <http://cswmft.ohio.gov/FormsC.stm>. These forms are also included in the appendix. Include proof of registration in the course when submitting an extension form.
3. Submit a copy of the confirmation from the CSWMFT Board approving the extension to the Clinical Coordinator Assistant, Amy Zucca in AD309
4. Apply for graduation through the Graduate Studies Office.

Note

Students may elect to take the NCE Licensure Examination for licensure in the state of Ohio during the last semester of coursework. Students will need a verification letter from the Clinical Coordinator and apply to the board.



Forms to Complete During & After Internship

The following pages contain forms that you will need to complete during and after the course of your internship. Please make additional copies as needed. These forms will be explained more fully in your Internship Course Syllabus. It is your responsibility to fill the forms out and give them to the appropriate person(s). Please read these forms carefully. If necessary, make multiple copies of these forms. Please print legibly or type responses.

Forms completed DURING the internship experience:

- [Documentation of Hours Form and Log](#) – submit to the internship instructor.
- [Client Consent Form](#)- have client(s) sign
- [Parental Consent Form](#)- have parents sign if counseling a minor
- [Goal sheet](#)
- [Counselor self-efficacy scale](#) – Take on-line
- [Session Critique outline](#)
- [Case Report and Treatment Plan outline](#)

Forms completed AFTER Internship A:

- [Clinical Mental Health Internship Midway Evaluation](#)
- [Grading Checklist](#)
- [Formal evaluation by instructor](#)

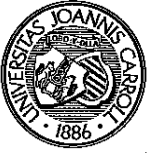
Forms completed AFTER the internship B:

- [Client Satisfaction Survey](#)- client fills out; Complete five (5) and submit to internship instructor.
- [Grading Checklist](#)
- [Formal evaluation by instructor](#)
- [JCU Internship Completion Form](#)- Submit to the internship instructor.
- [Internship Supervisor Evaluation Rating Form](#) - Submit completed to The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, indicating 600 hours of supervised experience (put in an envelope signed across the seal by the site supervisor.) Send the form certified with receipt to ensure delivery.
- [Site Supervisor Evaluation of Counselor Trainee](#) - Submit with all other required forms discussed in the class syllabus to the instructor.
- [JCU Program Evaluation Form](#) - Submit to the internship instructor.
- [Professional Development Plan](#)
- [Student Practicum/Internship Site Evaluation](#)- Submit to the internship instructor.
- Review The Ohio CSWMFT Board's PC licensure requirements and application.
 - [PC Licensure Exam Guide for Graduates of Ohio Schools](#)
 - [PC Licensure Application Form](#)

Note

1) If a student has not completed the necessary hours by the end of Internship B at the site, he/she may get a PR in the course. In this case, CT status may need to be extended, a letter is needed from the Clinical Coordinator and permission is needed from the Board.

2) Once a student has graduated, he/she must apply for PC licensure. Provisional licensure may be given.



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Appendix A: Forms for Starting Practicum & Internship

Practicum/Internship Registration Intent Form
Practicum/Internship Field Agreement
Supervisor Qualifications Form
Ohio CSWMFT Board Forms



John Carroll University
 Clinical Mental Health Counseling Program
PRACTICUM/INTERNSHIP REGISTRATION INTENT FORM
 PAGE 1 OF 2

This form is to be completed and filed with the Clinical Coordinator no later than **October 1** for a Spring semester practicum/internship experience start, and no later than **March 1** for a Fall semester practicum/internship experience start.

Name: _____ Date: _____
 Phone _____ email _____

Course Work		Date	Grade
Orientation to CMHC Counseling	CG 500	_____	_____
Research Methods	CG 509/ED 502	_____	_____
Group Counseling	CG 535	_____	_____
Tests & Measurements	ED 530	_____	_____
Counseling Theory	CG 561	_____	_____
Counseling Techniques	CG 562	_____	_____
Human Growth and Development	CG 505	_____	_____
Diversity Issues in Counseling	CG 563	_____	_____
Career Development	CG 531	_____	_____
Psychopathology	CG 570	_____	_____
Evaluation of Mental/Emot. Status	CG 571	_____	_____
Diagnosis of Mental/Emot. Disord.	CG 572	_____	_____
Methods of Interv./Prev./Ethics	CG 573	_____	_____
Treatment of Mental/Emot. Disord.	CG 574	_____	_____
Electives	CG 580__	_____	_____
	CG 580__	_____	_____
	CG 580__	_____	_____
Practicum	CG 592 (to be taken)	_____	_____
Internship	CG 596 A (to be taken)	_____	_____
	CG 596 B (to be taken)	_____	_____

Comprehensive examination (date to be taken): _____

Using the Practicum/Internship Site Directory of approved placement sites, please submit a brief list of sites that you plan to contact and pursue, regarding the practicum/internship experience.

John Carroll University
Clinical Mental Health Counseling Program
PRACTICUM/INTERNSHIP REGISTRATION INTENT FORM
PAGE 2 OF 2

DEVELOPMENTAL STATEMENT

Please write a brief statement regarding your current assessment of your professional development as a counselor. What are your strengths and weaknesses? What are some areas you would like to focus on in the practicum/internship? What personal and professional goals do you have for this clinical experience?

STUDENT _____

FACULTY ADVISOR _____

DATE _____

Please return BOTH pages of this form to the Clinical Coordinator Assistant.

John Carroll University
 Clinical Mental Health Counseling Program
PRACTICUM/INTERNSHIP FIELD AGREEMENT
 PAGE 1 OF 3

This agreement is between John Carroll University and _____ (the site) and identifies responsibilities concerning the supervision of _____ (the student). This agreement will be effective from _____ to _____ and for a total of _____ supervised hours.

Purpose

The university and the site intend to provide the qualified graduate student with an internship experience in the field of counseling.

University Obligations

The university will:

1. **S**elect for placement only a student who has successfully completed all prerequisite coursework in the Community Counseling program.
2. **A**ssign a university faculty instructor to facilitate communication between the university and the site, who shall be available for consultation with the site and the student.
3. **A**ssign a practicum/internship instructor who will provide required classroom/group supervision instruction to assist the student in clarifying interactions with clients and preparing for clinical supervision. The practicum/internship instructor is responsible for assignment of a final grade for the student.
4. **A**dvice the student of the obligation to secure adequate liability insurance.

Practicum/Internship Site Obligations

This site will:

1. **A**ssign a designated site supervisor who must be a PCC with supervision designation (supervising counselor) and a demonstrated interest in training, and who will
 - a. Provide a minimum of one (1) hour of supervision for every twenty (20) hours of student work; and
 - b. Formally evaluate the student’s performance at the conclusion of the experience based upon criteria established by the university’s Community Counseling Program; and
 - c. Complete the Internship Supervisor Evaluation Rating Form for The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board.
2. **R**etain full responsibility for all aspects of client care for those clients seen by the student.
3. **P**rovide the student with an orientation to the site’s specific services necessary for the effective implementation of the experience.

John Carroll University
Clinical Mental Health Counseling Program
PRACTICUM/INTERNSHIP FIELD AGREEMENT
PAGE 2 OF 3

4. **A**fford the student the opportunity to provide diagnostic assessments and direct treatment of emotional and mental disorders and conditions.
5. **P**rovide the student with opportunities to engage in a variety of professional activities, above and beyond any required direct service hours; and encourage the student to gain experience in the use of professional resources such as assessment instruments, computer software, professional literature, print and non-print media, research findings and appropriate referral sources and providers.
6. **W**ith the consent of the client or, in the case of a minor, the client's parent or guardian, permit the student to audio or video tape counseling sessions for supervisory purposes.
7. **A**ssist in the evaluation of the university's Community Counseling Program.

Mutual Obligations

The university and the site will:

1. **W**ork cooperatively in the event of any problems or grievances concerning the student.
2. **N**ot discriminate on the basis of race, sex, age, national or ethnic origin, religion, or disability in the administration or implementation of this agreement.
3. **N**otify the other party at least three weeks in advance if termination of this agreement is deemed necessary.

Student Obligations

I understand that the attached agreement between John Carroll University and _____ (the "site") is intended to provide me with an experience in the field of counseling. In exchange for this opportunity and to make this an appropriate educational experience, I will:

1. **P**repare a proposed plan (the "plan") for the experience, including individual goals and activities designed to facilitate the achievement of the goals, to be agreed upon and endorsed by the site's designated site supervisor.
2. **S**ecure appropriate, personally held liability insurance, and to provide proof of such insurance upon request by the university or the site.
3. **A**bide by the policies and procedures of the site and the policies and procedures of the university.
4. **P**erform the functions identified in the plan, as well as additional functions as directed by the site supervisor; and/or the university's practicum/internship instructor.
5. **A**ttend required class group supervision sessions to clarify interactions with clients and prepare for clinical supervision.

John Carroll University
Clinical Mental Health Counseling Program
PRACTICUM/INTERNSHIP FIELD AGREEMENT
PAGE 3 OF 3

6. **M**aintain a daily log of overall hours, direct contact hours and supervisory hours in accordance with guidelines of the university's Community Counseling Program.
7. **I**nform the site supervisor of problems or situations which might affect my ability to function in the clinical setting
8. **D**emonstrate behavior in accordance with the American Counseling Association's Code of Ethics and Standards of Practice, particularly adhering to standards on maintaining client confidentiality.
9. **O**btain written consent for audio or videotaping from all clients in individual and group counseling prior to treatment, and from parent or guardian for all clients under the age of 18.

John Carroll University Representative:

Print: _____

Signature: _____ Date: _____

The Internship Site Supervisor:

Print: _____

Signature: _____ Date: _____

Student:

Print: _____

Signature: _____ Date: _____

SUPERVISOR QUALIFICATIONS FORM
John Carroll University
Clinical Mental Health Counseling Program
PAGE 1 OF 2

Name of Internship Supervisor

Name of Agency or School

Business Address

Zip Code _____

E-Mail Address

Business Telephone Number

() _____

Current Job Title

EDUCATIONAL/ACADEMIC INFORMATION

Highest Degree Earned

Major/Program of Study

Graduate University Attended

Years of experience

SUPERVISOR QUALIFICATIONS FORM
 John Carroll University
 Clinical Mental Health Counseling Program
 PAGE 2 OF 2

LICENSURE INFORMATION

Type of License	State & Department Issuing License	License #ID & Expiration Date
-----------------	---------------------------------------	----------------------------------

Type of License	State & Department Issuing License	License #ID Expiration Date
-----------------	---------------------------------------	--------------------------------

Are you designated as a supervising counselor by The State of Ohio Counselor, Social Worker, and Marriage and Family Board? _____ Yes _____ No

CERTIFICATION INFORMATION

Type of Certification	State & Department or Organization Issuing Certificate	Certification ID # & Expiration Date
-----------------------	--------------------------------------------------------------	-----------------------------------------

Type of Certification	State & Department or Organization Issuing Certificate	Certification #ID & Expiration Date
-----------------------	--------------------------------------------------------------	----------------------------------------

**GUIDELINES FOR THE STATE OF OHIO
COUNSELOR, SOCIAL WORKER, AND MARRIAGE AND FAMILY
THERAPIST BOARD FORMS**

The following forms are copied directly from the Ohio CSWMFT Board website. These forms can be found as Active PDF files at www.cswmft.ohio.gov

Forms included in this section:

- Easy Steps to Counselor Trainee Status**: A step by step guide to the application process.
- Counselor Trainee Initial Application Form**. Please note the directions cited under “Instructions to Applicant.” In submitting this form to the Board, the student must attach proof of enrollment in practicum or internship. A copy of your course registration is sufficient.
- BCI and FBI Background Check Form**: Includes information on the process.

*****Always check the Board’s website for the most up-to-date forms as they change frequently. There are also interactive PDF forms on the Board’s website, where you can type directly onto the form.*****

As you fill out the **Counselor Trainee Initial Application Form**, the following items should be considered carefully:

Part A., #5. Be sure to include the scope of practice, clearly stating that the approved site includes the diagnosis and treatment of mental and emotional disorders and conditions.

Part A., # 7. Be specific here, including the phrase diagnosis and treatment of mental and emotional disorders and conditions. Be specific also regarding the inclusion of both group and individual counseling opportunities.

Part A., #8. Dates of supervision should indicate one semester. Total hours of supervised experience should reflect 100 supervised hours for the practicum experience and 600 supervised hours for the internship experience. Students will be required to renew this agreement each semester.

Note

You must extend your CT status when it expires. Note the expiration date. Complete a CT Extension form.



Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad Street, Suite 1075
Columbus, Ohio 43215-5919
614-466-0912 & Fax 614-728-7790

www.cswmft.ohio.gov & email: cswmft.info@cswb.state.oh.us

Easy Steps to Counselor Trainee Status

READ PRINT AND RETAIN THESE INSTRUCTIONS

Simeon.Frazier@cswb.state.oh.us will be your contact person during the counselor trainee process. Contacting Simeon to check for receipt or missing parts of your file can be counterproductive adding to his already busy schedule. The Board asks that you instead follow these instructions: keep copies of all faxed or mailed forms, read and follow all instructions. Allow at least two weeks for processing, then contact him, if necessary. Simeon's other jobs include but are not limited to Clinical Residents and Supervision Designation for all licensees in Ohio.

Steps towards CT Status

A. You must complete: Criminal records check both the BCI & FBI

1. The Criminal Records Check can take 2-4 weeks to process. Print the **BCI & FBI INSTRUCTIONS** sheet here: <http://cswmft.ohio.gov/pdfs/CRC0308.pdf> and take it with you to a Sheriff or Police Department. After Board receipt of your background check, with a written request, the board may mail you a copy of your BCI & FBI reports for your future use.

B. The Board will need proof of enrollment in a master's or doctoral-level practicum or internship

2. Current or future term documents before (30 days) or near beginning of term in which asking for CT status.

C. Complete the Counselor Trainee Initial Application:

<http://cswmft.ohio.gov/pdfs/CTApp.pdf>

D. You must be Supervised by a PC-S or PCC-S

3. A counselor trainee in their practicum may be supervised by a PC-S or PCC-S. A practicum consists of no less than 100 hours of which 40 hours are direct service ...with clients and or groups
4. A counselor trainee in their internship may be supervised by a PC-S or PCC-S. Supervised internship shall be no less than 600 hundred hours of which 240 hours shall be in direct services, which include diagnosis and treatment of mental and emotional disorders and conditions under a PCC-S.
5. Training supervision shall include an average of one hour of face-to face contact between the supervisor and supervisee for every twenty-hours of work by the supervisee.

Due to budget cuts, the Board will not mail proof of CT status. Follow the steps below for verification of your status. CT status can take up to 30 days. Therefore, please start early and follow all directions. Your name will show up on [license verification](#) as pending once your application is processed.

For license verification go to the board's web site: www.cswmft.ohio.gov

Click on [license verification](#) on the left panel, fill in **only** two areas **Division** and **-or-Name (Last, First)**

Beside **Division** set the drop down menu on **Counselor, Social Worker, and Marriage & Family Therapist Board**

Scroll down to **-or- Name (Last, First)** in the first box type your **last name** in the next box type your **first name** click the **search** button. (No hyphens, no middle initials) **IMPORTANT!** Fill in **no** other boxes!

Once the page re-loads click on your **NAME** (bottom of page). The page that comes up next will be the page you print for [license verification](#).



Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad St, Suite 1075
 Columbus, Ohio 43215-5919
 614-466-0912 & Fax 614-728-7790
<http://cswmft.ohio.gov> & cswmft.info@cswb.state.oh.us

Counselor Trainee Initial Application

Instructions to applicant:

1. Make additional copies of this form in the event you have more than one supervisor during the supervised practice time required for licensure.
2. This form must be filed at the **beginning** of the training experience.
3. Individuals must register practica and internships to be eligible for counselor trainee status.
4. During the training period, you must refer to yourself as a **Counselor Trainee**.
5. You must have one hour face-to-face supervision for each 20 hours of work.
6. **Please attach proof of enrollment in a practicum or internship for approval.**
7. Please allow 30 days for processing and check web site license verification for updates.

Part A: To be completed by supervisee

1. Name:		DoB in MMDDYYYY	SSN or Student Visa #:	
2. Street Address:		City:	State:	Zip:
3. Daytime Phone:	Email:		CT #:	
4. Name of supervisor:		Title:		
5. Address of supervisor:		Daytime Phone #:		
		Email:		
6. Name, address and scope of practice of setting in which supervision is taking place:				
7. Describe the duties you plan to perform. Counselor Trainees Per rule 4757-13-01(A)(4)(c)&(d) a minimum of 40 hours of practicum and 240 hours of internship work consists of face-to-face client contact involving the delivery of clinical counseling services, which for internship includes the diagnosis and treatment of mental and emotional disorders.				
8. Dates of semester or quarter at this setting: Start Date: _____ End Date: _____				
University/College Name _____				
(Attach a copy of student transcript or class schedule verifying the actual beginning and ending of the semester/quarter.)				

9. Do you hold any other licenses or certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">LIC/CERT #</td> <td style="width: 40%; border-bottom: 1px solid black;">ISSUE DATE</td> <td style="width: 40%; border-bottom: 1px solid black;">EXPIRATION DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	LIC/CERT #	ISSUE DATE	EXPIRATION DATE			
LIC/CERT #	ISSUE DATE	EXPIRATION DATE				
10. Has any licensing authority ever denied your application for any professional license? <input type="checkbox"/> Yes <input type="checkbox"/> No						
11. Have any complaints ever been filed against you with any counselor licensing agency or association? <input type="checkbox"/> Yes <input type="checkbox"/> No						
12. Have you ever been denied the privilege of taking an examination required for any professional licensure? <input type="checkbox"/> Yes <input type="checkbox"/> No						
13. Have any complaints ever been filed against you with any counselor licensing agency or association? <input type="checkbox"/> Yes <input type="checkbox"/> No						
14. Have you ever voluntarily surrendered any professional license? <input type="checkbox"/> Yes <input type="checkbox"/> No						
15. Have you ever had any professional license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No						
16. Have you ever been the subject of disciplinary action by any licensing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No						
17. Is there any disciplinary action pending against you by any licensing jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No						
18. Have you ever been arrested, charged with or convicted (including a no contest plea or guilty plea) of a felony or misdemeanor (or other criminal offense) in any state or federal court (other than traffic violations) whether or not sentence was imposed or suspended? If yes, forward a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge (if applicable) as well as a statement from the probation or parole officer. <input type="checkbox"/> Yes <input type="checkbox"/> No						
19. Have you ever been pardoned from a felony (or criminal) conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No						
20. Have you ever had a record expunged from a felony (or criminal) conviction or had a conviction sealed under Ohio Revised Code section 2953.32 that is "directly and substantially related" to the license? <input type="checkbox"/> Yes <input type="checkbox"/> No						
21. Are you now or have you in the last 5 years been addicted to or used in excess, any drug or chemical substance including alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No						
22. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program? <input type="checkbox"/> Yes <input type="checkbox"/> No						
23. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No						
24. Have you ever been named as a defendant in a civil suit related to your professional practice? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<u>Please explain any yes answers on a separate sheet of paper and submit with this application.</u>						
25. Memo of Understanding: I have read the counselor licensure law and understand the rules and regulations that pertain to Counselor Trainee. I understand that I will have to submit the CT extension application each subsequent term of my practicum or internship. I further understand that any person who knowingly makes a false statement on the registration form is guilty of falsification under section 2921.13 of the Ohio Revised Code, a misdemeanor of the first degree. The Counselor, Social Worker Board & Marriage and Family Therapist Board is required to collect the social security numbers of all applicants pursuant to 42 U.S.C. Sec. 132a-7e(b), 5 U.S.C. Sec. 552a, 45 C.F.R. pt. 61, and Ohio Revised Code Sec. 2301.373(E) for potential disclosure to the Federal Department of Health and Human Service's Healthcare Integrity and Protection Data Bank and/or the local County Child Support Enforcement Agency. Therefore, you are required to fill in your social security number on the application. Failure to comply may lead to the denial of your application.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Signature of Counselor Trainee</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Signature of Counselor Trainee	Date				
Signature of Counselor Trainee	Date					

Part B: To Be Completed by the Training Supervisor: Remember - A board approved supervisor shall not supervise more than six supervisees who are registered at one time with this board.	
Instructions to supervisor: After completing this form, please return it to the supervisee who is responsible for sending it to the Board.	
1. Are you a Licensed Professional Counselor or a Licensed Professional Clinical Counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your license number and expiration date _____	
2. Do you hold a supervising counselor designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If you are not a licensed counselor, what license do you hold? License _____ State _____ License Number _____	
4. Does the scope of your practice include the diagnosis and treatment of mental & emotional disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What duties will the CT have and does it include diagnosis and treatment? 	
6. I have reviewed the supervisee's statements: They <input type="checkbox"/> (are) <input type="checkbox"/> (are not) Accurate	
Supervisor's Signature _____	Date _____



Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad Street, Suite 1075
Columbus, Ohio 43215-5919
614-466-0912 & Fax 614-728-7790
<http://cswmft.ohio.gov> & cswmft.info@cswb.state.oh.us

PRINT & TAKE THESE INSTRUCTIONS WITH YOU TO A WEB CHECK VENDOR

Section 4757.101 of the Ohio Revised Code requires all individuals applying for a license issued by the CSWMFT Board to submit fingerprints for a criminal records check completed by the [Ohio Bureau of Criminal Identification and Investigation](#) (BCI&I) and the Federal Bureau of Investigation (FBI). This applies to applicants for PC, PCC, CT, LSW, LISW, SWA, SWT, MFT, IMFT and all Temporary or provisional licenses.

Since the law requires applicants for licensure to submit criminal records checks by both BCI&I and the FBI, you must use the services of a "WebCheck" vendor that participates in the "National WebCheck". Many DMV license agencies, Sheriff & Police departments within Ohio participate in the National WebCheck. A list of WebCheck vendors in Ohio is available online at:

<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing>

The Board does not endorse or recommend any specific electronic fingerprinting company/ agency.

You need both the BCI and FBI criminal records check for each initial license type. By law, the Board cannot complete the processing of your application until it receives the background check reports from both the BCI and FBI. Background checks are good for one year based on receipt date and licensure date.

PRINT AND TAKE THESE INSTRUCTIONS WITH YOU.

1. **Identify a "WebCheck" vendor that participates in the "National WebCheck."**
*Many DMV license agencies, Sheriff and Police departments within Ohio participate in the National WebCheck.
2. **Submit your fee directly to the "WebCheck" vendor.** *The BCI charges \$22 and the FBI charges \$24. In addition, the electronic fingerprinting company/agency will charge its own fee to process the fingerprints. **DO NOT SEND YOUR FINGERPRINTS OR FEE TO THE BOARD***
3. **Results must be sent to the BCI&I and then to the CSWMFT Board.** *The Board cannot accept a copy from you, another state, your college or university, a sheriff or police department, or from your place of employment. Mail to:*
CSWMFT Board
50 W. Broad St., Suite 1075
Columbus, Ohio 43215
4. **List the reason for fingerprinting the following:**
CSWMFT Board ORC 4757.101
Required for licensure

Instructions for Individuals Residing Outside of Ohio

If you reside outside of Ohio, contact the Board to request the appropriate forms. The Board will mail the forms needed for your fingerprints to be processed at your local law enforcement agency.

E-mail: cswmft.info@cswb.state.oh.us ; **Subject Line: CRC** ; or Call: 614-466-0912

Out of state CRC is a longer process, which can take 4 to 6 weeks. If you plan to visit the state of Ohio before licensure, print these instructions and go to a WebCheck vendor within the state of Ohio to have your fingerprints scanned.

Past Criminal Convictions: If you have a record with the FBI, there will be a delay in receiving results.

Problems being fingerprinted: If a vendor cannot scan your fingerprints call the Board so we can mail you ink and roll cards.

Copies: Once the Board has received your BCI & FBI checks, we can send you copies to your home address. Requests must be made in writing, fax or e-mail are acceptable.

Ohio Bureau of Criminal Identification and Investigation:

If it has been more than 30 days and the Board hasn't received your BCI & FBI background checks, you may contact the BCI&I at 877-224-0043 ext.7.

Appendix B: Forms for During Practicum

Personal Analysis Log (PAL)
Practicum Log
Client Consent Form
Parent Consent Form



John Carroll University
Clinical Mental Health Counseling Program

ACTIVITY REPORT
(For use with Personal Analysis Log—PAL)

Describe your assignment within the agency this week by responding to the following questions. Please be as specific as you can, citing appropriate and helpful examples.

- A. Mention specific learning or practice objectives that you and/or your supervisor have developed for you this week.**

- B. Delineate new areas of growth and development during this report period. Will you apply these areas in the near future?**

- C. Assess your own performance during this report period. Please provide specific examples.**

- D. Indicate any practicum or internship problems that you are experiencing. What steps have you now taken to resolve the problem?**

- E. What is your reaction to the reading material assigned for this period?**

- E. Please indicate any matter that you feel requires the assistance of the internship instructor.**

**Practicum
Weekly Log and Supervision**

Name: _____ Date: _____

Supervisor: _____

Non-Direct Service Hours

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Clinical – Patients, Notes							
Administrative							
Education/In-Service							
Other:							
1. Supervision							
2.							
3.							
TOTAL (Daily)							

Total Non-Direct Service Hours:

Direct Service Hours

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Individual							
Observation							
TOTAL							

Total Direct Service Hours:

Total Hours for Current Week:

Total Supervision Hours (*S*):

Total Direct Hours (*D*):

Total Non-Direct Hours (*ND*):

Total Practicum Hours to Date ($S + D + ND$):

Supervision

Clinical Issues:

EXAMPLE: The focus of this week was on orienting me to the procedures and templates used in evaluations of clients. I learned how to cover confidentiality with clients, strengthen rapport through specific phrasing of clinical interview questions, how to use the negative stress model as a psychoeducational and summarizing tool, and created interview templates based on diagnoses of anxiety and depression. I also had the opportunity to observe a client's follow-up visit and debriefed afterward concerning my own questions and observations as well as gained insight for questioning and commenting. The possibility of observing therapists doing chemical dependency work was discussed. Lastly, we reviewed how to address supervision with a client and professional disclosure.

Administrative Issues:

EXAMPLE: We are still in the process of securing my hours and working with parking to obtain a parking pass.

Personal Assessment of Performance:

EXAMPLE: I feel confident in my ability to understand the expectations of my position. I was not nervous to observe clients and was aware of non-verbals in attending to the client's story. The biggest challenge will be learning how to adjust the interview based on client's answers to diagnostic questions and their willingness to provide answers.

Goals and Recommendations:

EXAMPLE: My goal is to gain a firm understanding of DSM-5 diagnoses and develop a pattern of questioning and note-taking with fluidity. This can be practiced by taking notes during client observations and creating a write-up of the session and what diagnosis I would give. This could then be reviewed by my supervisor with suggestions for improvement.

Supervisor Notes:

Name, Counselor Trainee

Supervisor

Date

Date

Supervision

Clinical Issues:

Administrative Issues:

Personal Assessment of Performance:

Goals and Recommendations:

Supervisor Notes:

Name, Counselor Trainee

Supervisor

Date

Date

CLIENT CONSENT FORM
John Carroll University
Clinical Mental Health Counseling Program

Client's Name: _____

Address: _____

Phone: (home) _____ (office) _____

I agree to counseling by a practicum/internship student from the Clinical Mental Health Counseling Program at John Carroll University. I understand that this counselor trainee has completed advanced course work in the field of counseling. The counselor trainee will be supervised by _____, a John Carroll University Practicum Supervisor or Site Supervisor. I further understand that counseling interviews may be audio or video taped for purposes of supervision. Recorded information is used only for training, with all tapes erased at the completion of your involvement in counseling. Information gathered in the counseling interview is strictly *confidential* and *privileged* in accordance with the American Counseling Association Code of Ethics and Standards of Practice and The State Ohio Counselor, Social Worker, and Marriage and Family Therapist Board licensure law. Exceptions to this confidentiality occur when there is suspected child abuse or an indication of imminent danger to oneself or others.

If for any reason questions arise regarding the counseling arrangement or if you are dissatisfied for any reason, you have every right to meet with the counselor trainee and/or the supervisor named above.

I have read the above and understand the nature of the supervisory procedures. Any related questions have been answered to my satisfaction.

Signature of Client

Date

Signature of Counselor Trainee

Date

PARENTAL CONSENT FORM
John Carroll University
Clinical Mental Health Counseling Program

Child's Name: _____

Parent's Name: _____

Address: _____

Phone: (home) _____ (office) _____

I agree that a practicum/internship student from the Clinical Mental Health Counseling Program at John Carroll University may counsel my child. I understand that this counselor trainee has completed advanced course work in the field of counseling. The counselor trainee will be supervised by _____, a John Carroll University Practicum Supervisor or Site Supervisor. I further understand that counseling interviews may be audio or video taped for purposes of supervision. Recorded information is used only for training, with all tapes erased at the completion of your child's involvement in counseling. Information gathered in the counseling interview is strictly *confidential* and *privileged* in accordance with the American Counseling Association Code of Ethics and Standards of Practice and The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board licensure law. Exceptions to this confidentiality occur when there is suspected child abuse or an indication of imminent danger to oneself or others.

If for any reason questions arise regarding the counseling arrangement or if you are dissatisfied for any reason, you have every right to meet with the counselor trainee and/or the supervisor named above.

I have read the above and understand the nature of the supervisory procedures. Any related questions have been answered to my satisfaction.

Signature of Parent/Guardian

Date

Signature of Counselor Trainee

Date

Appendix C: Forms for After Practicum

Practicum Completion Form
Professional Performance Fitness Evaluation
JCU Doctoral Intern Practicum Supervisor Evaluation



JOHN CARROLL UNIVERSITY
Clinical Mental Health Counseling Program
Practicum Completion Form

The following signatures verify that _____ has satisfactorily fulfilled
(Name of Student Intern) the
expectations of the practicum experience and met all requirements of the Clinical Mental Health
Counseling Master's degree practicum.

Site name: _____

Total # of Direct Contact Hours: _____

Total # of Non-Direct Hours: _____

Total # of Hours **Completed:**

Student
Intern: _____
Printed Signed Date

Internship
Instructor: _____
Printed Signed Date

Site/Clinical
Supervisor: _____
Printed Signed Date

**John Carroll University
Clinical Mental Health Counseling Program
Professional Performance Fitness Evaluation**

Student _____ Semester/Year _____

Site _____

Evaluation completed by: (check and write name)

__ Self Assessment

__ Site Supervisor Name: _____

__ JCU Supervisor Name: _____

__ Instructor Name: _____

N- No opportunity to observe

1- Does not meet criteria for program level

2- Meets criteria only minimally or inconsistently for program level

3- Meets criteria consistently at this program level

Therapeutic Skills and Abilities

1. The student demonstrates the ability to establish a therapeutic relationship.	N	1	2	3
2. The student demonstrates therapeutic communication skills including:				
a. Creating appropriate structure: (setting and maintaining the boundaries of the therapeutic relationship throughout the work (i.e. setting parameters for meeting time and place, maintaining time limits, etc.)	N	1	2	3
b. Understanding content: (understanding the primary elements of the client's story.)	N	1	2	3
c. Understanding context: (understanding the uniqueness of the story elements and their underlying meaning.)	N	1	2	3
d. Responding to feelings: (identifying client affect and addressing those feelings in a therapeutic manner.)	N	1	2	3
e. Congruence-genuineness: (demonstrating external behavior consistent with internal affect.)	N	1	2	3
f. Establishing and communicating empathy: (taking the perspective of the client without over-identification with client's experience.)	N	1	2	3
g. Non-verbal communication: (demonstrating effective	N	1	2	3

use of head, eye, hands, feet, posture, voice, attire, etc.)				
h. Immediacy: (staying in the here and now)	N	1	2	3
i. Timing: (responding at the optimal moment)	N	1	2	3
j. Intentionally: (responding with a clear understanding of one's own therapeutic intention.)	N	1	2	3
k. Self-disclosure: (skillful and carefully considered for a specific purpose.)	N	1	2	3
3. The student demonstrates awareness of power differences in the therapeutic relationship and manages these differences therapeutically.	N	1	2	3
4. The student collaborates with the client to establish clear therapeutic goals.	N	1	2	3
5. The student facilitates movement toward the client goals.	N	1	2	3
6. The student demonstrates adequate knowledge of a wide variety of theoretical bases.	N	1	2	3
7. The student demonstrates the capacity to match appropriate interventions to the presenting clinical profile in a theoretically consistent manner.	N	1	2	3
8. The student creates a safe clinical environment.	N	1	2	3
9. The student demonstrates willingness and ability to articulate analysis and resolution of ethical dilemmas.	N	1	2	3
10. Student demonstrates focus: (establishes and maintains concentration on client goals.)	N	1	2	3

Professional Responsibility

1. The student conducts self in an ethical manner to promote confidence in the counseling profession and agency.	N	1	2	3
2. The student relates to professors, colleagues, supervisors and others in a manner consistent with stated agency standards.	N	1	2	3
3. The student demonstrates sensitivity to real and ascribed differences in power between themselves and others, and does not exploit or mislead other people during or after professional relationships.	N	1	2	3
4. The student demonstrates application of legal requirements relevant to counseling training practice and agency.	N	1	2	3

Competence

1. The student recognizes the boundaries of her/his particular competencies and the limitations of her/his expertise.	N	1	2	3
2. The student takes responsibility for compensating for her/his deficiencies. Openness to supervision.	N	1	2	3
3. The student takes responsibility for assuring client welfare when encountering the boundaries of her/his expertise.	N	1	2	3
4. The student provides only those services and applies only those techniques for which she/he is qualified by education, training, or experience.	N	1	2	3

5. The student demonstrates basic cognitive, affective, sensory, and motor capacities to respond therapeutically to clients.	N	1	2	3
6. The student demonstrates knowledge and respect for agency policies and procedures.	N	1	2	3

Maturity

1. The student demonstrates appropriate self-control (such as anger control, impulse control) in interpersonal relationships with supervisors, colleagues and clients.	N	1	2	3
2. The student is honest, fair, and respectful of others.	N	1	2	3
3. The student is aware of his/her own belief systems, values, needs, and limitations and the effect of these on his/her work.	N	1	2	3
4. The student demonstrates ability to receive, integrate and utilize feedback from colleagues and supervisors.	N	1	2	3
5. The student exhibits appropriate levels of self-assurance, confidence, and trust in own ability.	N	1	2	3
6. The student follows professionally recognized problem solving process, seeking to informally solve problems first with the individual(s) with whom the problem exists.	N	1	2	3

Integrity

1. The student refrains from making statements that are false, misleading or deceptive.	N	1	2	3
2. The student avoids improper and potentially harmful dual relationships.	N	1	2	3
3. The student respects the fundamental rights, dignity and worth of all people.	N	1	2	3
4. The student respects the rights of individual to privacy, confidentiality, and choices regarding self-determination and autonomy.	N	1	2	3
5. The student respects cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status.	N	1	2	3

Comments/Suggestions:

Signature of Evaluator Date

Counselor Trainee Date

**John Carroll University
Clinical Mental Health Counseling Program
JCU Doctoral Intern Practicum Supervisor Evaluation***

Practicum Student Name _____
JCU Doctoral Intern Practicum Supervisor Name _____
Practicum/Internship Site: _____
Semester/Year _____

The following is a list of objectives for practicum students to utilize in an evaluation of both their John Carroll University Practicum Supervisor and the supervision experience itself. For each item, please circle an appropriate number from the following scale to assess how well your supervisor met each objective.

- 4 = Strongly Agree
- 3 = Somewhat Agree
- 2 = Somewhat Disagree
- 1 = Strongly Disagree
- 0 = Not Applicable

- | | | | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. | Supervisor helps me feel at ease with the supervision process. | 4 | 3 | 2 | 1 | 0 |
| 2. | Supervisor makes supervision a constructive learning process. | 4 | 3 | 2 | 1 | 0 |
| 3. | Supervisor provides specific help regarding areas that need work. | 4 | 3 | 2 | 1 | 0 |
| 4. | Supervisor addresses issues relevant to my current concerns as a counselor trainee. | 4 | 3 | 2 | 1 | 0 |
| 5. | Supervisor helps me focus on how my counseling behavior influences the client. | 4 | 3 | 2 | 1 | 0 |
| 6. | Supervisor structures the supervision process appropriately. | 4 | 3 | 2 | 1 | 0 |
| 7. | Supervisor adequately emphasizes the development of my strengths and capabilities. | 4 | 3 | 2 | 1 | 0 |
| 8. | Supervisor allows me to brainstorm solutions, responses, and techniques that will be potentially helpful in future counseling situations. | 4 | 3 | 2 | 1 | 0 |
| 9. | Supervisor allows me to become actively involved in the supervision process. | 4 | 3 | 2 | 1 | 0 |
| 10. | Supervisor makes me feel accepted and respected as a person. | 4 | 3 | 2 | 1 | 0 |
| 11. | Supervisor conveys competence through supervisory style. | 4 | 3 | 2 | 1 | 0 |
| 12. | Supervisor is helpful regarding case notes and report writing. | 4 | 3 | 2 | 1 | 0 |
| 13. | Supervisor helps me to utilize tests constructively and appropriately in the counseling situation. | 4 | 3 | 2 | 1 | 0 |
| 14. | Supervisor appropriately addresses interpersonal dynamics between supervisor and practicum student. | 4 | 3 | 2 | 1 | 0 |
| 15. | Supervisor can appropriately accept feedback. | 4 | 3 | 2 | 1 | 0 |

16.	Supervisor allows me to express opinions, ask questions, and voice concerns about my progress.	4	3	2	1	0
17.	Supervisor prepares me adequately for my next counseling session.	4	3	2	1	0
18.	Supervisor helps me clarify my counseling objectives.	4	3	2	1	0
19.	Supervisor provides me with opportunities to adequately discuss the major difficulties that I have faced with clients.	4	3	2	1	0
20.	Supervisor encourages me to conceptualize in new ways, regarding my clients.	4	3	2	1	0
21.	Supervisor challenges me to accurately perceive the thoughts, feelings, and goals that my client and I experience during the counseling session.	4	3	2	1	0
22.	Supervisor is flexible enough for me to be spontaneous and creative.	4	3	2	1	0
23.	Supervisor provides suggestions for developing my counseling skills.	4	3	2	1	0
24.	Supervisor encourages me to utilize new and different techniques when appropriate.	4	3	2	1	0
25.	Supervisor helps me to define and achieve specific, concrete goals for myself during the practicum experience.	4	3	2	1	0
26.	Supervisor provides useful feedback.	4	3	2	1	0
27.	Supervisor helps me organize relevant case data for planning goals and strategies with my clients.	4	3	2	1	0
28.	Supervisor helps me develop increased skill in critiquing and gaining insight from my tapes of counseling sessions.	4	3	2	1	0
29.	Supervisor allows and encourages me to evaluate myself.	4	3	2	1	0
30.	Supervisor explains criteria for evaluation clearly and in behavioral terms.	4	3	2	1	0
31.	Supervisor applies criteria fairly in evaluating my counseling performance.	4	3	2	1	0

Additional Comments:

*Form adapted from original evaluation developed by J. Bernard, 1981

Appendix D: Forms for Continuing/During Internship

Counselor Trainee Extension Request
Internship Log





Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad St, Suite 1075
 Columbus, Ohio 43215-5919
 614-466-0912 & Fax 614-728-7790

<http://cswmft.ohio.gov> & cswmft.info@cswb.state.oh.us

This is an active PDF file,
 click on the boxes and
 type your information
 then print or save with
 Reader 8.0 or 9.0

Counselor Trainee Extension Request

1. Name:		SSN:	
2. Street Address:	City:	State:	Zip:
3. Daytime Phone:	Email:	CT Registration #:	
4. I have changed my supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No ; if yes please have new supervisor complete page 2 of this form			
5. I have changed my site: <input type="checkbox"/> Yes <input type="checkbox"/> No ; if yes list new site below.			
6. I have changed my duties: <input type="checkbox"/> Yes <input type="checkbox"/> No ; if yes list new duties below.			
7. My duties include the diagnosis and treatment of mental and emotional disorders: <input type="checkbox"/> Yes <input type="checkbox"/> No Your internship report must include diagnosis and treatment of mental and emotional disorders under the supervision of a PCC-S for the board to accept your internship see rule 4757-13-01(A)(4)(d).			
8. I enclosed a copy of my practicum or internship enrollment document with term beginning and ending dates: <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. My school forwarded a list of practicum and internship students, which documents my enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Your CT cannot be extended without one of these documents.</u>			
10. Memo of Understanding: I have read the counselor licensure law and understand the rules and regulations that pertain to Counselor Trainee. I further understand that any person who knowingly makes a false statement on the application form is guilty of falsification under section 2921.13 of the Ohio Revised Code, a misdemeanor of the first degree. "By virtue of filling this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and law enforcement and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority."			
Signature _____		Date _____	

6/2008 Please allow 7-10 business days for processing then check <https://license.ohio.gov/lookup/default.asp> for dates.

Part B: To Be Completed by the Training Supervisor: Remember - A board approved supervisor shall not supervise more than six supervisees who are registered at one time with this board.	
Instructions to supervisor: After completing this form, please return it to the supervisee who is responsible for sending it to the Board.	
1. Are you a Licensed Professional Counselor or a Licensed Professional Clinical Counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your license number and expiration date _____	
2. Do you hold a supervising counselor designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If you are not a licensed counselor, what license do you hold? License _____ State _____ License Number _____	
4. Does the scope of your practice include the diagnosis and treatment of mental & emotional disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What duties will the CT have and does it include diagnosis and treatment? 	
6. I have reviewed the supervisee's statements: They <input type="checkbox"/> are <input type="checkbox"/> (are not) Accurate	
Supervisor's Signature _____	Date _____

**Internship
Bi-Weekly Log and Supervision**

Name:
Supervisor:

Date:

Non-Direct Service Hours

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Clinical – Patients, Notes							
Administrative							
Education/In-Service							
Other:							
1. Supervision							
2.							
3.							
TOTAL (Daily)							

Total Non-Direct Service Hours:
Total Supervision Hours (within non-direct hours):

Direct Service Hours

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Individual							
Group							
TOTAL							

Total Direct Service Hours:

Total Hours for Two Weeks:

Total Non-Direct (*ND*):

Total Direct (*D*):

Total Supervision (*S*):

Total Internship Hours to Date (*ND + D + S*):

Supervision

Clinical Issues:

Administrative Issues:

Personal Assessment of Performance:

Goals and Recommendations:

Supervisor Notes:

NAME, Counselor Trainee

SUPERVISOR

Date

Date

Supervision

Clinical Issues:

EXAMPLE: This week my patients are challenging in different ways. One patient has been making significant progress in therapy; however he has become more reactive to situations and lacks awareness of this issue. I am seeing a second patient who disclosed a past traumatic event that she will explore in the course of therapy.

Administrative Issues:

EXAMPLE: I am in the process of securing a referral for a current client based on his diagnosis of Asperger's Syndrome.

Personal Assessment of Performance:

EXAMPLE: I have been able to build rapport quickly with patients which is important because of our limited sessions. I am also beginning to feel more comfortable facilitating/co-facilitating groups.

Goals and Recommendations:

EXAMPLE: I will develop a tactful way of discussing my patient's reactivity in the therapist/client relationship while maintaining the rapport we have built thus far. My other goal is to remain aware of boundaries and the importance of strong boundaries in the therapeutic relationship.

Supervisor Notes:

NAME, Counselor Trainee

SUPERVISOR

Date

Date

Appendix E: Forms for After Internship

Client Satisfaction Survey
Internship Completion Form
Site Supervisor Evaluation of Counselor Trainee
Ohio CSWMFT Board Supervisor Evaluation Form
Student Internship Site Evaluation
JCU Counseling Program Evaluation



Client Satisfaction Survey

John Carroll University
Clinical Mental Health Counseling Program

Name of Counselor _____

Semester/year _____

Number of counseling sessions you have participated in with this counselor _____

Indicate the extent to which you **AGREEE** or **DISAGREEE** with each of the statements below.

- | Strongly disagree (1) | Disagree (2)
Agree(4) | Neither agree or disagree (3)
Strongly Agree (5) |
|-------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| 1. I would rate my overall counseling experience positively | | _____ |
| 2. The counseling services I am receiving meet my needs | | _____ |
| 3. My counselor is interested in and accepting of me | | _____ |

How much have you benefited so far from being in counseling?

Check one

- I've gotten much worse
- I've gotten worse
- I'm about the same
- I'm better
- I'm much better

Please rate the overall level of distress that brought you to counseling

High 5__ 4__ 3__ 2__ 1__ low

Please rate the overall level of that same distress now

High 5__ 4__ 3__ 2__ 1__ low

Please rate the overall service provided by my counselor

High 5__ 4__ 3__ 2__ 1__ low

**JOHN CARROLL UNIVERSITY
CLINICAL MENTAL HEALTH COUNSELING PROGRAM
INTERNSHIP COMPLETION FORM**

The following signatures that _____ has satisfactorily fulfilled
(Name of Student Intern)
 the expectations of the practicum experience and met all requirements of the Clinical Mental Health
 Counseling Master's degree practicum.

Site name: _____

Total # of Direct Client Contact Hours: _____

Total # of Direct Group Contact Hours: _____

Total # of Direct Hours: _____

Total # of Non-Direct Hours: _____

Total # of Hours Completed:

Student Intern:	Printed	Signed	Date
--------------------	---------	--------	------

Internship Instructor:	Printed	Signed	Date
---------------------------	---------	--------	------

Site/Clinical Supervisor:	Printed	Signed	Date
------------------------------	---------	--------	------

John Carroll University
Clinical Mental Health Counseling Program
SITE SUPERVISOR EVALUATION OF COUNSELOR TRAINEE
PAGE 1 OF 4

Counselor Trainee: _____

Name of Agency: _____

Site Supervisor: _____

Title: _____

License _____ Number _____

Dates of Practicum/Internship _____

Total hours completed by Counselor Trainee: _____

Instructions: Please complete the following information regarding the above named student and make additional comments as indicated. Please provide specific comments where ratings are unusually high or low.

A. General Supervision

Poor Avg. Good NA
1 2 3 4 5 6 NA

1. Demonstrates a personal commitment to the development of professional competencies.
1 2 3 4 5 6 NA
2. Invests time and energy into the process of becoming a counselor.
1 2 3 4 5 6 NA
3. Appropriately receives and utilizes feedback—both positive and negative from supervisors and professional peers.
1 2 3 4 5 6 NA
4. Engages in open, comfortable, clear communication with peers and supervisors.
1 2 3 4 5 6 NA

Comments:

John Carroll University
Clinical Mental Health Counseling Program
SITE SUPERVISOR EVALUATION OF COUNSELOR TRAINEE
PAGE 2 OF 4

B. The Counseling Process.

Poor Avg. Good NA
1 2 3 4 5 6 NA

1. Keeps appointments on time.
1 2 3 4 5 6 NA
2. Explains the nature and objectives of counseling when appropriate.
1 2 3 4 5 6 NA
3. Is relaxed and comfortable in the counseling interview.
1 2 3 4 5 6 NA
4. Shows appropriate non-verbal skills (eye contact, body language, etc.).
1 2 3 4 5 6 NA
5. Builds therapeutic alliance.
1 2 3 4 5 6 NA
6. Facilitates client expression of concerns and feelings.
1 2 3 4 5 6 NA
7. Uses silence effectively in the counseling interview.
1 2 3 4 5 6 NA
8. Demonstrates awareness of personal feelings in the counseling session.
1 2 3 4 5 6 NA
9. Recognizes and appropriately handles negative affect of the client.
1 2 3 4 5 6 NA
10. Demonstrates sound observation skills.
1 2 3 4 5 6 NA
11. Demonstrates adequate listening skills.
1 2 3 4 5 6 NA
12. Facilitates realistic goal-setting with client.
1 2 3 4 5 6 NA
13. Capable of developing, executing, and evaluating a client treatment plan.
1 2 3 4 5 6 NA
14. Employs effective judgment in timing and utilization of counseling techniques.
1 2 3 4 5 6 NA
15. Is perceptive in evaluating the effects of counseling techniques.
1 2 3 4 5 6 NA
16. Bases interventions on known counseling theory.
1 2 3 4 5 6 NA
17. Demonstrates competence in providing group leadership.
1 2 3 4 5 6 NA
18. Develops interventions appropriate to group settings.
1 2 3 4 5 6 NA
19. Shows awareness of factors influencing group dynamics.
1 2 3 4 5 6 NA

John Carroll University
Clinical Mental Health Counseling Program
SITE SUPERVISOR EVALUATION OF COUNSELOR TRAINEE
PAGE 3 OF 4

20. Appropriately handles issues related to termination (referrals, resistance, contacts, and timing).

1 2 3 4 5 6 NA

Comments:

C. Evaluation and Diagnosis.

1. Able to conceptualize client concerns.

1 2 3 4 5 6 NA

2. Appropriately explains, administers and interprets tests.

1 2 3 4 5 6 NA

3. Overall knowledge of DSM-IV.

1 2 3 4 5 6 NA

4. Ability to formulate a diagnosis.

1 2 3 4 5 6 NA

5. Ability to establish a report based upon test findings, including impressions and recommendations.

1 2 3 4 5 6 NA

Comments:

D. Case Management/Services Coordination

1. Knowledge of agency programs and policies.

1 2 3 4 5 6 NA

2. Ability to make use of referral sources.

1 2 3 4 5 6 NA

3. Ability to maintain accurate and updated clinical records (progress notes, transfer and termination summaries, etc.).

1 2 3 4 5 6 NA

4. Ability to advocate for the client.

1 2 3 4 5 6 NA

Comments:

**John Carroll University
Clinical Mental Health Counseling Program
SITE SUPERVISOR EVALUATION OF COUNSELOR TRAINEE
PAGE 4 OF 4**

E. Agency Administration and Professional Behavior

1. Demonstrates ethical behavior in counseling activity and case management.
1 2 3 4 5 6 NA
2. Adheres to agency policies and procedures.
1 2 3 4 5 6 NA
3. Utilizes agency resources.
1 2 3 4 5 6 NA
4. Participates in agency in-service activities.
1 2 3 4 5 6 NA
5. Demonstrates promptness, reliability and responsibility.
1 2 3 4 5 6 NA
6. Gets along well with staff members.
1 2 3 4 5 6 NA

Comments:

F. Additional Questions

1. Would you recommend this intern for a counseling position in your agency if one were available? Please explain.

2. Please provide a short indication of your assessment of the intern as a prospective counselor. You may wish to signify specific strengths or weaknesses that are not sufficiently detailed in the preceding items.

Signature of Site Supervisor

Date

Signature of Counselor Trainee

Date

Reviewed by:

Signature of JCU Practicum/Internship Instructor

Date

NOTE

Important Information regarding the Internship Supervisor Evaluation Form

*This form **MUST** be put in an envelope with the Supervisor's signature across the seal and then sent to the Board.

*This is the **ONLY** form that goes to the Board for Internship.



State of Ohio
COUNSELOR, SOCIAL WORKER & MARRIAGE AND FAMILY THERAPIST BOARD
 50 WEST BROAD STREET, SUITE 1075
 Columbus, OH 43215-5919
 614-466-0912 - Fax 614-728-7790
www.cswmft.ohio.gov - cswmft.info@cswb.state.oh.us

This is an Active PDF file, just click on a section or check box to enter your information then print.

Internship Supervisor Evaluation Rating Form

This form must be returned within 30 days of completion of the internship

*This form is to be used by graduates with degrees awarded after September 18, 1998
 Pursuant to ORC 4757-13-01 (A)(1)(d)(IV)(c)*

Part A: TO BE COMPLETED BY THE COUNSELOR TRAINEE

NAME: _____
 First Middle Last
 Address: _____
 Number Street City State Zip

Daytime Phone: (____) ____ - _____
 School in which you are enrolled for your graduate degree: _____
 School offering this internship: _____

Do you intend to ultimately apply for clinical licensure (PCC)? Yes No

Clinical Internship

Dates of experience: From: ____ / ____ to ____ / ____
 Month Year Month Year
 Total # of hours at site: _____ Total # of direct hours with clients: _____
 Name of faculty instructor: _____ License held: _____ Expiration date: ____ / ____
 Month Year
 Date student completed Counseling Theory course: ____ / ____ Techniques Course: ____ / ____
 Month Year Month Year

Name and address of facility where on-site experience occurred: _____

Wavier of Liability

I, _____, hereby authorize _____ to provide to the Counselor Professional Standards Committee of the State of Ohio Counselor, Social Worker, and Marriage & Family Therapist Board with all information the Committee may deem relevant to my performance as Counselor Trainee. I hereby release and discharge the supervisor from all claims arising out of the provision of such information.

Trainee's Signature: _____ Date: ____ / ____ / ____

Instructions to Supervisor

AFTER COMPLETING THIS FORM, SEAL IT IN A BUSINESS SIZE ENVELOPE, SIGN ACROSS THE SEAL, AND RETURN THE ENVELOPE TO THE COUNSELOR TRAINEE.

PART B: TO BE COMPLETED BY THE SUPERVISOR

- 1.) List your area(s) of professional competencies. Please refer to Ohio Counselor Rule 4757-15-03(B)(3)(a) or (B)(3)(b): _____

- 2.) Please describe the counseling responsibilities that were supervised: _____

Please rate the Counselor Trainee with the following rating scale:

- | | | |
|---|---|-----------------------|
| 1 | - | not acceptable |
| 2 | - | marginally acceptable |
| 3 | - | acceptable |
| 4 | - | not observed |

I. Professional Ethics and Counselor Law

- | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1.) | Demonstrates knowledge of Ohio Counselor Law and counseling ethics | 1 2 3 4 |
| 2.) | Understands, respects, and accommodates for gender, racial, and cultural differences | 1 2 3 4 |
| 3.) | Understands and maintains professional boundaries with clients | 1 2 3 4 |
| 4.) | Understands the legal obligations involved in reporting abuse, neglect and Duty to Warn | 1 2 3 4 |
| 5.) | Demonstrates skill in completing case records, reports, correspondence, and pertinent case information in an accurate and timely manner | 1 2 3 4 |

II. Assessment and Diagnosis

- | | | |
|------|----------------------------------------------------------------------------------------------------------------------|---------|
| 6.) | Uses appropriate assessment techniques and procedures | 1 2 3 4 |
| 7.) | Demonstrates skill in using diagnostic and assessment principles | 1 2 3 4 |
| 8.) | Understands culturally-bound syndromes when formulating a diagnosis | 1 2 3 4 |
| 9.) | Demonstrates a basic understanding of the application and use of personality and standardized assessment instruments | 1 2 3 4 |
| 10.) | Demonstrates skill in appropriately communicating assessment and test results to the client | 1 2 3 4 |
| 11.) | Demonstrates skill in being able to assess the client's readiness for change | 1 2 3 4 |

- 12.) Demonstrates skill in assessing a client's appropriateness for group counseling 1 2 3 4
- 13.) Demonstrates skill in assessing risk factors in suicidal, homicidal, and violent behavior 1 2 3 4
- III. Counseling Skill and Interventions**
- 14.) Demonstrates ability to develop rapport with clients 1 2 3 4
- 15.) Demonstrates developing conceptual framework for understanding the client's issues 1 2 3 4
- 16.) Demonstrates skill in being able to take assessment information and develop appropriate strategies and interventions.
- 17.) Except in crisis, focuses on the therapeutic process and not just content 1 2 3 4
- 18.) Recognizes and accurately interprets the client's covert messages including non-verbal cues. 1 2 3 4
- 19.) Demonstrates skills in the following areas:
 Opening sessions 1 2 3 4
 Closing sessions 1 2 3 4
 Termination of treatment 1 2 3 4
 Managing emergencies 1 2 3 4
 Conveying interest in acceptance of the client 1 2 3 4
- 20.) Applies appropriate clinical judgment to the management of the client 1 2 3 4
- 21.) Demonstrates skill in facilitating group counseling 1 2 3 4
- 22.) Demonstrates awareness of medication as a possible treatment option 1 2 3 4
- 23.) Understands the procedures involved in consultation and referral 1 2 3 4
- IV. Professional Growth and Self-Awareness**
- 24.) Demonstrates his/her ability to assess and describe the impact of his/her personality on the client. 1 2 3 4
- 25.) Incorporates supervisory guidance into clinical performance 1 2 3 4
- 26.) Seeks consultation from his/her supervisor in unfamiliar clinical situations 1 2 3 4
- 27.) Demonstrates his/her awareness of own limitations of clinical skills and competence 1 2 3 4
- 28.) Recognizes his/her deficiencies and actively works to overcome them 1 2 3 4
- V. Training Modalities and Specialties**
- 29.) Demonstrates basic understanding of the following:
 Individual therapeutic modalities 1 2 3 4
 Group therapeutic modalities 1 2 3 4
 Family therapeutic modalities 1 2 3 4
 Child/Adolescent therapeutic modalities 1 2 3 4
 Career Assessment and Intervention modalities 1 2 3 4
 School Counseling Assessment and Intervention modalities 1 2 3 4
 Substance Abuse Assessment and Intervention modalities 1 2 3 4

Please circle the OVERALL rating of the Counselor Trainee

- 1- not acceptable
- 2- marginally acceptable
- 3- acceptable

DOES THE COUNSELOR TRAINEE POSSESS THE KNOWLEDGE, SKILLS AND ABILITIES TO PRACTICE COMPETENTLY AS A PROFESSIONAL COUNSELOR?

Yes No Yes, with reservations

Please explain your response of "No" or "with reservations": _____

The Board recommends that the Counselor Trainee have knowledge of this information. Have you discussed your evaluation with Trainee?

Yes No

I certify that this Internship was completed on _____ / _____ / _____
Month Day Year

Applicant's Name (printed Clearly) Month Day Year

Supervisor's Name (Printed Clearly) Month Day Year

Supervisor's Signature Month Day Year

Supervisor's Degree and License Supervisor's Title

John Carroll University
Clinical Mental Health Counseling Program
Student Practicum/Internship Site Evaluation
PAGE 1 OF 2

FOR FUTURE STUDENT INQUIRIES ONLY
WILL NOT BE VIEWED BY SITE EMPLOYEES

Name: _____ Practicum/Internship Site: _____

Dates of placement: _____

Practicum/Internship Site Supervisor: _____

Rate the following questions about your practicum/internship experience using the following scale:

1. Very unsatisfactory
2. Moderately unsatisfactory
3. Moderately satisfactory
4. Very satisfactory

- ____ Amount of on-site supervision.
- ____ Quality and usefulness of on-site supervision.
- ____ Usefulness and helpfulness of Practicum Instructor and Internship Instructor.
- ____ Relevance of practicum/internship experience to career goals.
- ____ Exposure to and communication of agency goals.
- ____ Exposure to and communication of agency procedures.
- ____ Exposure to information regarding community resources.

Rate all applicable experiences which you had at your site, using the same scale:

- ____ Report writing.
- ____ Intake interviewing.
- ____ Administration and interpretation of tests.
- ____ Staff presentations/case reviews/ staff in-services.
- ____ Individual counseling.
- ____ Group counseling.
- ____ Family/couples counseling.
- ____ Psychoeducational activities.
- ____ Consultation.
- ____ Career counseling.

Present an overall rating of your practicum/internship site, using the same scale:

- ____ Overall evaluation of practicum/internship site.
- ____ Other _____

**John Carroll University
Clinical Mental Health Counseling Program
Student Practicum/Internship Site Evaluation
PAGE 2 OF 2**

Please provide brief answers to the following questions:

1. Did your orientation session at the beginning of your placement give you an adequate overview of the placement site?
2. Were the goals of your placement adequately defined between you and your Site Supervisor?
3. Was your Site Supervisor available for regular consultation?
4. Were you able to utilize staff resources from all areas of the agency?
5. Were you given feedback regularly and consistently during your practicum/internship experience, regarding your progress?
6. Were you given appropriate responsibility? Too little responsibility? Too much responsibility?
7. Did you learn useful, marketable skills during your internship?
8. What could have been done differently to make this a better placement?
9. Would you recommend this site to another student? Why or why not?

Please return this form to the Clinical Coordinator Assistant, Amy Zucca in AD309.

JOHN CARROLL UNIVERSITY
 Clinical Mental Health Program
 Program Evaluation

Semester _____ Year _____

The purpose of this survey is to determine your perception of the Counseling Program at John Carroll University. Please answer each question honestly, as your responses will be kept confidential. This feedback is very useful to us.

Please indicate your status (more than one may apply):

- JCU Counseling student/graduate
- Current/past employer of a JCU Graduate(s)
- Current/past intern site supervisor of a JCU Student(s)

Name of Agency/Business Site _____

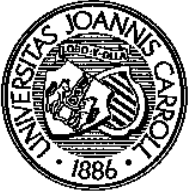
Based upon your experience, indicate to what extent the counseling program prepared students (Or if student, yourself) to perform each activity using the following scale:

	1= Don't know/Not Applicable	2= Never	3= Sometimes	4= Mostly	5= Always
1. Intake Interviewing	N/A	1.....2.....3.....4.....5			Always
2. Individual Counseling	N/A	1.....2.....3.....4.....5			Always
3. Group Counseling	N/A	1.....2.....3.....4.....5			Always
4. Career/Lifestyle Counseling	N/A	1.....2.....3.....4.....5			Always
5. Professional/Ethical Behavior	N/A	1.....2.....3.....4.....5			Always
6. Diagnostic/Appraisal	N/A	1.....2.....3.....4.....5			Always
7. Clinical Notes/Report Writing	N/A	1.....2.....3.....4.....5			Always
8. Conference/Case Presentations	N/A	1.....2.....3.....4.....5			Always
9. Diversity/Cultural Competence	N/A	1.....2.....3.....4.....5			Always
10. Knowledge Base in the Field	N/A	1.....2.....3.....4.....5			Always
11. Other (Specify) _____	N/A	1.....2.....3.....4.....5			Always

***For employers/internship site supervisor**
How would you rate this program in comparison to similar programs?

Significantly Inferior 1.....2.....3.....4.....5 Significantly Superior

Additional Comments are appreciated:



Appendix F: Instruction for PC Licensure and NCE Exam

Professional Counselor Licensure

There are 3 types of licenses you can work towards as a Clinical Mental Health Counselor in Ohio that can be obtained in sequence in the following order:

1. Professional Counselor (PC)
 - Successful completion & Graduation from JCU Clinical Mental Health Program
 - Passing the NCE Licensure Exam
2. Professional Clinical Counselor (PCC)
 - An accumulated 3000 hours of clinical experience as a PC (must be supervised by a PCC-S)
 - Passing the NCMHCE Licensure Exam
3. Professional Clinical Counselor with Supervision Designation (PCC-S)
 - Hold a PC for three years and at least one year post PCC experience
 - 2 years full time direct counseling services under supervision.
 - 2 quarter hours of academic work or twenty-four clock hours of continuing education hours in clinical supervision.
 - At least one supervision of supervising experience providing at least ten hours of supervision and receive five hours of supervision in that process.

For more detailed information, go to the Ohio CSWMFT Board website:
<http://cswmft.ohio.gov/clicen.stm>

Step-By-Step Process for Applying for the PC License

Submit the following documents to the Board as required to complete your PC licensure file:

1. Internship Supervisor Evaluation Rating Form
<http://cswmft.ohio.gov/pdfs/PC-SupvInt.pdf> (also in Appendix F)
2. NCE Test Results – please fax your exam results to 614-728-7790. Allow 4-6 weeks to schedule exam.
3. Official Transcript, showing your graduate degree in counseling, conferred & mailed directly from your school.
4. BCII and FBI Criminal Records Check (Records check expires after 1 year)
<http://cswmft.ohio.gov/pdfs/CRC0308.pdf>
5. PC licensure application, notarized, with fee.

- <http://cswmft.ohio.gov/pdfs/PCReqExm.pdf>
6. Complete the board's online Laws and Rules Exam:
<https://www.cswmft.ohio.gov/exam/Default.aspx>
 7. Forward the email with exam results to rena.elliott@cswb.state.oh.us or fax certificate to 614-728-7790

Instructions for Setting up the NCE Examination

You are eligible to take the NCE Examination if you:

- Have completed all JCU Clinical Mental Health coursework and/or have graduated.
- Are currently in your last semester of coursework and send a letter from Dr. Paula Britton confirming this status to Rena Elliott at rena.elliott@cswb.state.oh.us.

Application and Examination Process:

1. Complete PC Licensure Exam Request and submit to the Board. The Board can take up to 4 weeks or longer to process your information. It is recommended that you contact the Board if you do not have a response from the Board after several weeks. (pg. 80 or <http://cswmft.ohio.gov/pdfs/PCReqExm.pdf>)
2. The Board will email you eligibility information and all necessary paperwork allowing you to register for the NCE Exam through the National Board of Certified Counselors (NBCC). The NBCC can take up to 4 weeks or longer to process your paperwork.
<http://nbcc.org/StateLicensure>
3. The NBCC will mail you confirmation of your examination request approval and information for scheduling your examination date. Examinations are held at several locations throughout Ohio including Brook Park. Examinations are held several times each month.
4. The NCE Examination is a computer-based exam covering the core concepts of the CACREP required content areas. You should receive results within a few minutes after taking the exam regarding your scoring.