



THE CLINICAL MENTAL HEALTH
COUNSELING PROGRAM

John Carroll University

The Practicum & Internship Handbook

The Clinical Mental Health Counseling Program
Department of Counseling and Exercise Science

John Carroll University

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Table of Contents

Introduction – How to Use this Handbook	6
Definitions	6
Suggested Competencies for Practicum & Internship	9
Interviewing.....	9
Evaluation and Diagnosis.....	9
Treatment	9
Case Management	10
Agency Administration and Professional Behavior.....	10
General Information: Practicum/Internship Experience	12
Selecting Practicum/Internship Placement Sites	12
Practicum/Internship Recording/Taping Procedures.....	13
Policy on Practicum/Internship Approval	13
Policy on Student Concerns and Dismissal from Practicum/Internship	14
Practicum (CG 592) Course Requirements	15
Scheduling Considerations/Prerequisites	15
Requirements for the Practicum Experience	15
Additional Details Regarding Requirements for Practicum.....	16
Practicum Grading.....	17
Things to Do Before Practicum (CG 592)	18
Clinical Mental Health Counseling Program Practicum Registration Intent Form	18
Find a Site	18
Student Liability Insurance	18
Register for CG 592 Practicum in Clinical Mental Health Counseling.....	19
Practicum/Internship Field Agreement.....	19
Supervisors Qualifications Form.....	19
Background Check and Fingerprinting.....	19
Professional Counselor Trainee Initial Application	20
Clinical Mental Health Program Practicum/Internship Student and Site Information Form.....	20
Review/Checklist for Starting Practicum (CG 592).....	20
Things to Do During Practicum (CG 592)	21
Things to Do by the End of Practicum (CG 592)	22
Internship I & II (CG 596A&B) Course Requirements	23

Scheduling Considerations/Prerequisites	23
Requirements for the Internship Experience	23
Additional Details Regarding Requirements for Internship	24
Internship Grading	24
Things to Do Before Internship I & II (CG 596A&B)	25
Register for CG 596A or B Internship in Clinical Mental Health Counseling	25
Maintain Active Counselor Trainee Status	25
Clinical Mental Health Program Practicum/Internship Student and Site Information Form.....	25
Apply for Graduation.....	25
Comprehensive Exam	26
NCE Licensure Exam.....	26
Review/Checklist for Starting Internship (CG 596A or B)	26
Things to Do During Internship I & II (CG 596A&B).....	27
Things to Do by the End of Internship I (CG 596A).....	28
Things to Do by the End of Internship II (CG 596B)	29
Appendix A: Forms to Complete Before Practicum (CG 592)	30
Clinical Mental Health Counseling Program Practicum Registration Intent Form.....	31
Practicum/Internship Field Agreement.....	32
Supervisor Qualifications Form	35
Background Check and Fingerprinting.....	37
Professional Counselor Trainee Initial Application	39
Counselor Trainee Instructions	40
Counselor Trainee Initial Application Form	44
Clinical Mental Health Program Practicum/Internship Student and Site Information Form.....	47
Appendix B: Forms to Complete During Practicum (CG 592).....	48
Activity Report.....	49
Practicum/Internship Bi-Weekly Log and Supervision Form	50
Client Consent Form	51
Parental Consent Form.....	52
Session Review Form	53
Goals for Practicum/Internship.....	55
Rubric for Goals for Semester.....	56
Case Report and Treatment Plan Outline	57

Case Report Rubric for CG592.....	59
Guidelines for Behavior Change Experience	61
Practicum Grading Checklist.....	62
Notebook Outline.....	63
Counselor Self-Efficacy Scale	64
Rubric for Evaluation of Experience Paper.....	67
Appendix C: Forms to Complete by the End of Practicum (CG 592)	68
Practicum Completion Form.....	69
Professional Performance Fitness Evaluation.....	70
Doctoral Intern Practicum Supervisor Evaluation.....	74
Practicum/Internship Formal Evaluation by Instructor	76
Counselor Competencies Scale – Revised (CCS-R).....	77
Appendix D: Forms to Complete Before Internship I & II (CG 596A&B)	85
Counselor Trainee Extension Form	86
Clinical Mental Health Program Practicum/Internship Student and Site Information Form.....	89
NCE Licensure Exam Request Form.....	90
Appendix E: Forms to Complete During Internship I & II (CG 596A&B)	93
Practicum/Internship Bi-Weekly Log and Supervision Form	94
Notebook Outline.....	95
Client Consent Form	96
Parental Consent Form.....	97
Goals for Practicum/Internship.....	98
Rubric for Goals for Semester.....	99
Counselor Self-Efficacy Scale	100
Session Critique Outline.....	103
Rubric for Session Critique.....	105
Case Report and Treatment Plan	106
Rubric for CG 596A Case Presentation	108
Rubric for CG 596B Case Presentation	110
Client Satisfaction Survey.....	112
Internship Grading Checklist for CG 596A	113
Internship Grading Checklist for CG 596B	114
Session Review Form	115
Rubric for Evaluation of Experience Paper.....	117

Appendix F: Forms to Complete by the End of Internship I (CG 596A)	118
Clinical Mental Health Internship Midway Evaluation	119
Practicum/Internship Formal Evaluation by Instructor	120
Appendix G: Forms to Complete by the End of Internship II (CG 596B)	121
Practicum/Internship Formal Evaluation by Instructor	122
Internship Completion Form	123
Internship Supervisor Evaluation Rating Form	124
Program Evaluation Form.....	129
Professional Development Plan.....	130
Student Internship Site Evaluation	131
Professional Counselor Licensure Requirements	133
Step-By-Step Process for Applying for the LPC License	133
Instructions for Setting up the NCE Examination	134
Application and Examination Process	134
Licensed Professional Counselor Licensure Exam Request.....	135

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 and Exercise Science**

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.

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 or to the website. Place your cursor over these words, hold the “Control” key, and left-click the mouse.

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. Click [here](#) 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. Her office is located in AD 315.

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 reached 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 reviews notebook for all forms and evaluations and assigns final (Pass/Fail) grades.

John Carroll University Practicum Supervisor— This individual meets with practicum students on a regular 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 Therapist 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:

Vern Riffe State Office Tower
77 South High Street, 24th Floor
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.ohio.gov

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-V.
- 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.**

General Information: Practicum/Internship Experience

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

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 can be found [here](#). 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, at 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.

Practicum/Internship 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. The [Client Consent Form](#) to be used for this purpose is included within this handbook. These forms need to be signed by clients themselves or the [Parental Consent Form](#) should be used and signed by a client's parent/guardian, 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.**

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.”

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
- Substandard total score on CCS-R

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.

Practicum (CG 592) Course Requirements

Scheduling Considerations/Prerequisites

Practicum in Clinical Mental Health Counseling (CG 592) should be taken only **AFTER** a student has successfully completed:

- Orientation to Counseling (CG 500)
- Counseling Theories (CG 561)
- Counseling Techniques and Practice (CG 562)

and

- Group Procedures (CG 535) – prior successful completion preferred, concurrent enrollment permitted

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

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

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

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/Internship Bi-Weekly Log and Supervision Form](#) included in this handbook.

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.

The completed [Practicum/Internship Bi-Weekly Log and Supervision Forms](#) will be presented to the Practicum Instructor at the conclusion of the semester. CG 592 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. On alternative class dates students will be involved in supervision with the university practicum supervisor.

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

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.

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.

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).

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](#).

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.

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.

Things to Do Before Practicum (CG 592)

Clinical Mental Health Counseling Program Practicum Registration Intent Form

In order to apply for the Practicum/Internship experience, students will have a variety of forms to complete.

First, students must electronically submit the [Clinical Mental Health Counseling Program Practicum Registration Intent Form](#) and include a Developmental statement regarding your current assessment of your professional development as a counselor. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook.

This form **MUST** be submitted 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.

Find a Site

Review the [Site Directory](#), schedule appointments/interviews with site supervisors at sites of interest, and negotiate a placement through the site supervisor.

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. There is a student rate of \$97 to join ACA.

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 for \$37 through this program and not join ACA, should call ACAIT for an application (1-800-347-6647 extension 284) or apply online by visiting the website: www.hpso.com. This is a less expensive option, however joining one's professional organization is both important and allows students other membership benefits as well.

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

Students can also purchase liability insurance on their own through a private policy.

Once liability insurance is obtained, a copy of the student policy should be provided to their practicum instructor and as well as maintained by the student for inclusion in the practicum/internship notebook. Keep in mind that through ACA insurance coverage is for one year only, so apply closer to the start of your practicum or plan to renew during your internship.

Register for CG 592 Practicum in Clinical Mental Health Counseling

Register for CG 592 using [BannerWeb](#).

Practicum/Internship Field Agreement

The [Practicum/Internship Field Agreement](#) must be signed by the student, site supervisor, and John Carroll University representative.

Supervisors Qualifications Form

Your site supervisor must complete the [Supervisor Qualifications Form](#).

Background Check and Fingerprinting

You must first complete a criminal records check for both the BCI & FBI in order for your Professional Counselor Trainee Initial 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 Web Check®. 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/BCIFBIBackgroundChecks/BCIFBIInstructions.aspx>

Take this form with you to a Web Check® Location. Carefully follow all instructions BCI and FBI Checks are good for ONE year.

Professional Counselor Trainee Initial Application

The student must complete the [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. **Allow 30 days to process.** Students will receive notification of approval from the Board. PLEASE NOTE DATES for which CT status has been approved.

Keep proof of CT status approval from the Board in your Notebook. 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](#).

Clinical Mental Health Program Practicum/Internship Student and Site Information Form

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. Use the online [Clinical Mental Health Program Practicum/Internship Student and Site Information Form](#) to submit this information. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course.

Review/Checklist for Starting Practicum (CG 592)

- ✓ [Find a site](#)
- ✓ [Clinical Mental Health Counseling Program Practicum Registration Intent Form](#)
- ✓ Proof of personally held liability insurance
- ✓ [Register for CG 592](#)
- ✓ [Practicum/Internship Field Agreement](#)
- ✓ [Supervisor Qualification Form](#)
- ✓ [Background Check and Fingerprinting](#)
- ✓ [Professional Counselor Trainee Initial Application](#)
- ✓ Proof of Counselor Trainee Status
- ✓ [Clinical Mental Health Program Practicum/Internship Student and Site Information Form](#)

Keep copies of all these forms/confirmations in your Notebook. These will be reviewed in the first day of class.

Things to Do During Practicum (CG 592)

The Appendix of this Handbook 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. If you have any questions about a form please consult your instructor or the clinical coordinator, Dr. Paula Britton.

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.

- [Activity Report](#): Use for weekly reflection on your practicum experience. Use with Personal Analysis Log.
- [Practicum/Internship Bi-Weekly Log and Supervision](#): Use for logging of all Practicum hours to fulfill Practicum hour requirements.
- [Client Consent Form](#): for audio-recording of sessions if site does not have one
- [Parental Consent Form](#): for audio-recording (only for clients under the age of 18)
- [Session Review Form](#): 5 to be completed by either site or JCU supervisor
- [Goals for Practicum/Internship](#) and [Rubric for Goals for Semester](#)
- [Case Report and Treatment Plan Outline](#)
- [Case Report Rubric for CG 592](#)
- [Guidelines for Behavior Change Experience](#): if working with a techniques student
- [Practicum Grading Checklist](#)
- [Notebook Outline](#)
- [Counselor Self-Efficacy Scale](#): this will be emailed to you electronically to complete and a summary report of your responses will be emailed to you within two weeks
- [Rubric for Evaluation of Experience Paper](#)

Things to Do by the End of Practicum (CG 592)

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

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.

- [Practicum Completion Form](#)
- [Professional Performance Fitness Evaluation](#): At the completion of the course, students will submit four evaluations completed by:
 - John Carroll University Practicum Supervisor
 - Practicum Site Supervisor
 - By the Student him/her self
 - Practicum Instructor
- [Doctoral Intern Practicum Supervisor Evaluation](#)
- [Practicum/Internship Formal Evaluation by Instructor](#)
- [Counselor Competencies Scale – Revised \(CCS-R\)](#): This instrument provides evidence of your growth and development in counseling skills, behaviors, and dispositions. Please note that the CCS-R is being piloted fall 2015 and spring 2016. The CCS-R will be emailed to your licensed site representative to complete online and a summary report of your responses will be emailed to you at the end of the semester. Keep a copy in your notebook.

Internship I & II (CG 596A&B) Course Requirements

Scheduling Considerations/Prerequisites

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.

Requirements for the Internship Experience

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 [Practicum/Internship Bi-Weekly Log and Supervision](#) 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

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

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.

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](#).

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.

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.

Things to Do Before Internship I & II (CG 596A&B)

Register for CG 596A or B Internship in Clinical Mental Health Counseling

Register for CG 596A or B using [BannerWeb](#).

Maintain Active Counselor Trainee Status

It is the responsibility of the student to manage and maintain an active Counselor Trainee (CT) status.

If continuing internship and your CT status has expired, please complete the [Counselor Trainee Extension Form](#). Include proof of registration in the course when submitting an extension form. Put a copy of the confirmation from the CSWMFT Board approving the extension in your Notebook.

If CT status has never been held (eg. student was waived from CG 592), complete the [Professional Counselor Trainee Initial Application](#)

If you are changing sites from practicum or adding a second site..... A new [Professional Counselor Trainee Initial Application](#) and these will have to be redone:

- ✓ [Practicum/Internship Field Agreement](#)
- ✓ [Supervisor Qualifications Form](#)

Clinical Mental Health Program Practicum/Internship Student and Site Information Form

Notification of finding a site must be submitted by **MAY 1** for an internship starting during Fall semester; no later than **DECEMBER 1** for an internship starting during Spring semester; and no later than **APRIL 1** for an internship starting during Summer semester. These deadlines are non-negotiable. Use the online [Clinical Mental Health Program Practicum/Internship Student and Site Information Form](#) to submit this information. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course. **You need to submit this form even if you are staying at the same site.**

Apply for Graduation

Apply for graduation through the Graduate Studies Office. Information can be found at <http://sites.jcu.edu/graduatestudies/pages/current-students-2/graduation/degree-application/>

For spring graduation, the deadline is the fourth Monday of November. For summer graduation, the deadline is February 15. For degrees awarded in winter, the deadline is the second Monday of July. i.e. usually during CG 596A.

Comprehensive Exam

The final examination requirement for the Master's Degree in Clinical Mental Health Counseling is satisfied through successful completion of the Master's Comprehensive Examination. *It is recommended that students take the exam before their last semester in the program.* In case a student does not receive a passing grade, an additional semester before the anticipated graduation date is available for retaking the exam. The exam must be passed before a student can graduate from the program. More information can be found at <http://sites.jcu.edu/counselingdepartment/pages/info-for-students/comprehensive-exam/>.

NCE Licensure Exam

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 must apply to the Board by completing the [NCE Licensure Exam Request Form](#).

Review/Checklist for Starting Internship (CG 596A or B)

- ✓ [Register](#) for CG 596A or B
- ✓ Proof of personally held liability insurance – click [here](#) for more information
- ✓ Proof of Active Counselor Trainee Status – use [Counselor Trainee Extension Form](#) if CT status has expired or complete the [Professional Counselor Trainee Initial Application](#) if not done previously (e.g. Student was waived from Practicum)
- ✓ [Clinical Mental Health Program Practicum/Internship Student and Site Information Form](#) you need to submit this form even if you are staying at the same site
- ✓ [Apply for Graduation](#) during CG 596A
- ✓ Register to take the [Comprehensive Exam](#)
- ✓ [NCE Licensure Exam Request Form](#) and verification letter from the Clinical Coordinator: students may take the NCE during the last semester

Keep copies of all these forms/confirmations in your Notebook. These will be reviewed in the first day of class.

Things to Do During Internship I & II (CG 596A&B)

There are the things you will need to complete during 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 when completed. Please print legibly or type responses.

- [Practicum/Internship Bi-Weekly Log and Supervision](#): Use for logging of all Internship hours to fulfill Internship hour requirements. Submit to the Internship instructor.
- [Notebook Outline](#)
- [Client Consent Form](#): for audio-recording of sessions if site does not have one
- [Parental Consent Form](#): for audio-recording (only for clients under the age of 18)
- [Goals for Practicum/Internship](#) and [Rubric for Goals for Semester](#)
- [Counselor Self-Efficacy Scale](#): this will be emailed to you electronically to complete and a summary report of your responses will be emailed to you within two weeks
- [Session Critique Outline](#) and [Rubric for Session Critique](#)
- [Case Report and Treatment Plan outline](#) and [Rubric for CG 596A Case Presentation](#) or [Rubric for CG 596B Case Presentation](#)
- [Client Satisfaction Survey](#): Complete five (5) if allowed by site and submit to internship instructor
- [Internship Grading Checklist for CG 596A](#) or [Internship Grading Checklist for CG 596B](#)
- [Session Review Form](#): 5 per semester (10 total) to be completed by site supervisor
- [Rubric for Evaluation of Experience Paper](#)

Things to Do by the End of Internship I (CG 596A)

There are forms that you will need to complete by the end of internship A. 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.

- [Clinical Mental Health Internship Midway Evaluation](#)
- [Practicum/Internship Formal Evaluation by Instructor](#)
- [Counselor Competencies Scale – Revised \(CCS-R\)](#): This instrument provides evidence of your growth and development in counseling skills, behaviors, and dispositions. Please note that the CCS-R is being piloted fall 2015 and spring 2016. The CCS-R will be emailed to your licensed site representative to complete online and a summary report of your responses will be emailed to you at the end of the semester. Keep a copy a copy in your notebook.

Things to Do by the End of Internship II (CG 596B)

There are forms that you will need to complete by the end of internship B. 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.

- [Practicum/Internship Formal Evaluation by Instructor](#)
- [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.
- [Program Evaluation Form](#) – student completes one, supervisor completes one (Submit to the internship instructor)
- [Professional Development Plan](#)
- [Counselor Competencies Scale – Revised \(CCS-R\)](#): This instrument provides evidence of your growth and development in counseling skills, behaviors, and dispositions. Please note that the CCS-R is being piloted fall 2015 and spring 2016. The CCS-R will be emailed to your licensed site representative to complete online and a summary report of your responses will be emailed to you at the end of the semester. Keep a copy a copy in your notebook.
- [Student Internship Site Evaluation](#)- Submit to the internship instructor.
- Review The Ohio CSWMFT Board's [Professional Counselor Licensure Requirements](#) and application
 - [Step-by-Step Process for Applying for the LPC License](#)
 - [Instructions for Setting up the NCE Examination](#)
 - [Application and Examination Process](#)
 - [Licensed Professional Counselor Licensure Exam Request](#)

If a student has not completed the necessary hours by the end of Internship II (CG 596B) 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. Students can extend internship for only one semester.

Once a student has graduated, he/she must apply for PC licensure. Provisional licensure may be given. Student must request official transcripts to be sent to Board.

Appendix A: Forms to Complete Before Practicum (CG 592)



Clinical Mental Health Counseling Program Practicum Registration Intent Form

Students must electronically submit the [Clinical Mental Health Counseling Program Practicum Registration Intent Form](#) and include a Developmental statement regarding your current assessment of your professional development as a counselor. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook.

This form MUST be submitted 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.

Practicum/Internship Field Agreement

John Carroll University

Clinical Mental Health Counseling Program

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. **Select** for placement only a student who has successfully completed all prerequisite coursework in the Community Counseling program.
2. **Assign** 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. **Assign** 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. **Advise** the student of the obligation to secure adequate liability insurance.

Practicum/Internship Site Obligations

This site will:

1. **Assign** 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. **Retain** full responsibility for all aspects of client care for those clients seen by the student.
3. **Provide** the student with an orientation to the site's specific services necessary for the effective implementation of the experience.

Practicum/Internship Field Agreement

John Carroll University

Clinical Mental Health Counseling Program

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.
8. **C**omplete the CCS-R online evaluation of student every semester.

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.

Practicum/Internship Field Agreement

John Carroll University
Clinical Mental Health Counseling Program

PAGE 3 OF 3

- 5. **A**ttend required class group supervision sessions to clarify interactions with clients and prepare for clinical supervision.
- 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
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Type of License	State & Department Issuing License	License #ID Expiration Date
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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
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Type of Certification	State & Department or Organization Issuing Certificate	Certification #ID & Expiration Date
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Background Check and Fingerprinting

Print the BCI & FBI INSTRUCTIONS sheet (shown below) from:

<http://cswmft.ohio.gov/BCIFBIBackgroundChecks/BCIFBIInstructions.aspx>

PRINT & TAKE THESE INSTRUCTIONS WITH YOU TO A WebCheck® Location

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

BCI and FBI criminal records check are not required for renewal of your existing license.

Carefully following these instructions is very important. The Board recommends that you **print these instructions** and take them with you when you have your finger prints scanned. For each initial licensure you must complete both the Ohio BCI&I (Bureau of Criminal Identification and Investigation also referred to as BCI) and FBI criminal records checks. By law, the Board cannot complete the processing of your application until it receives both the BCI and FBI background checks.

Where to Have your Finger Prints Done: Go to a WebCheck location in your area, which may include your local police, sheriff's department or department of motor vehicles. Your employer or school may also be a WebCheck® location; ask the background check office to review these instructions. Click on **the link below** to find a WebCheck® location in your area.

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

The Process: Your finger prints will be scanned and sent electronically to BCI in London, Ohio. BCI completes the state of Ohio (BCI) and Federal (FBI) background checks by comparing fingerprints received against a database of criminal fingerprints to determine if there is a criminal record. BCI then mails the results of both background checks to the CSWMFT Board.

Information You Must Tell the WebCheck Location:

(1) The CSWMFT Board is on "Direct Copy" list. The WebCheck® Location will select "**Social Work Board**" from the Direct Copy drop-down list at the WebCheck® workstation.

(If "Social Work Board" is not on the vendor's Direct Copy List, the vendor must key the Board's name and address into the "mail to" field of their software: CSWMFT Board, 77 S. High St. 24th Floor, Room 2468 Columbus, OH 43215-6171)

(2) The WebCheck® location must enter one of the following in the "Reason for Fingerprinting" field of their software:

ORC 4757.101 or CSWMFT Board or Required for Licensure

If you have already completed a BCI background check for a different purpose within the last 12 months: Click this link: <http://cswmft.ohio.gov/pdfs/BCIcopyCSW.pdf> and follow the instructions. This is FREE within the first 30 days of having your prints scanned and \$8 afterwards for up to one year. **Note:** A copy of your BCI will take approximately 45-60 days to process. BCI cannot send a copy of your previous FBI check; it will need to be repeated.

How Long Will it Take for the Board to Receive the Results?: Up to 4-6 weeks if you have a criminal history, 4-5 business days if you do not. Start the process at least one (1) month before you want/expect to be licensed.

If you have had issues in the past with a WebCheck® location capturing quality fingerprints, you should start the process at least three (3) months before you want/expect to be licensed. If your fingerprints are rejected, you will need ink and roll cards to have fingerprints done manually, which takes extra time.

Important Information for You to Know:

The CSWMFT Board cannot accept a photocopy or faxed copy of a past BCI or FBI background check.

Background checks are only good for **one year** after receipt by the Board.

The Board cannot accept a copy of background check results directly from you, another state, your college, a sheriff/police department or from your place of employment. The reports must come directly to the Board from BCI.

Instructions for Individuals Outside of Ohio: Contact the Board by email (cswmft.info@cswb.state.oh.us **Subject Line: CRC**) with your mailing address to request the out-of-state packet. The Board will mail the cards so your fingerprints can be taken at your local law enforcement agency.

Out of state background checks can take up to 4 to 6 weeks. If you will be in Ohio before licensure, print these instructions and go to an Ohio WebCheck® location which will be a much faster process.

Requesting a Copy of Your Completed Background Check Reports: A copy of your BCI& FBI background checks is available until a licensure determination is made or up to one year if the application is still pending. Once a licensure determination is made or the background check(s) is one year old when part of a pending application, the documents and any electronic copies will be destroyed. Send an email or written request to the Board and a copy of the BCI & FBI background checks **OR** a certification of the results will be mailed to your home address.

Ohio Bureau of Criminal Identification and Investigation contact information: Call BCI&I if your criminal records checks have taken longer than 3 weeks to be received by the Board at 877-224-0043 between the hours of 8 a.m. – 4:30 p.m., option 7 at the prompt.

Professional Counselor Trainee Initial Application

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

Included in this section:

Counselor Trainee Instructions

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.

*****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., #6. 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., # 8. 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., #9. 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. Students are responsible for maintaining active CT status.

Counselor Trainee Instructions

Go to

<http://cswmft.ohio.gov/Portals/0/COUNSELOR/COUNSELOR%20TRAINEE/CT%20instr.pdf> or see instructions below.

Counselor Trainee Instructions

READ PRINT AND RETAIN THESE INSTRUCTIONS

Simeon Frazier simeon.frazier@cswb.ohio.gov 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: carefully read and follow all instructions and keep copies of all faxed or mailed forms. Allow at least two weeks for processing then contact Simeon, if necessary. Simeon's other duties include but are not limited to Clinical Residents and 'Supervision Designation' for all licensees in Ohio. CT status can take up to 30 days. Therefore, please start early and follow all directions. All forms for counselor trainee status (except background checks) may be faxed to Simeon Frazier at FAX # [\(614\)728-7790](tel:6147287790)

Steps towards CT Status

1. Complete Criminal Records Check:

For your initial CT Status you must complete both the BCI and FBI criminal records checks and have the results sent directly to the Board by BCI&I (Ohio Bureau of Criminal Identification and Investigation). By law, the Board cannot complete the processing of your application until it receives both the BCI and FBI background checks.

Print the **BCI & FBI INSTRUCTIONS** and take the sheet with you to a WebCheck® location.

2. Obtain Proof of Enrollment in a master's or doctoral-level practicum or internship showing the start and end dates of the academic term(s): Send your proof of enrollment with your Counselor Trainee Initial Application

3. Complete and Submit the Counselor Trainee Initial Application: Fax, email or mail it to the Board with your proof of enrollment in an internship or practicum. Be sure to keep a copy for yourself.

Counselor, Social Worker & Marriage and Family Therapist Board
77 South High Street, 24th Floor, Room 2468
Columbus, Ohio 43215-6171
[614-466-0912](tel:6144660912) & Fax [614-728-7900](tel:6147287900)

Important Information Regarding Supervision

You must be supervised by a LPC-S (Licensed Professional Counselor- Supervisor) or LPCC-S (Licensed Professional Clinical Counselor-Supervisor)

A counselor trainee in their Practicum may be supervised by a LPC-S or LPCC-S. **A practicum consists of no less than 100 hours of which 40 hours** are direct service... with clients and or groups

A counselor trainee in their Internship must be supervised by a LPCC-S. **A 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 LPCC-S. Training supervision shall include an average of one hour of face-to face contact between the supervisor and supervises for every twenty-hours of work by the supervises.

Confirming CT Status

You and your supervisor will receive an email from the Board regarding your status. It is imperative that the email addresses in our database are accurate. Follow the steps below to **verify your status**. Your status may show up as Pending, then active once your application is complete and the CT issued.

For verification of your CT status go to the board's web site: www.cswmft.ohio.gov

- 1) Click on: **Online License Verification**
- 2) At the Ohio License Center fill in only two areas **Select of Board** and **"Name (Last, First)"**
 - a. Select a Board: should say: **"Counselor, Social Worker, and Marriage & Family**

Therapist Board”

- b. Scroll down to **“Name (Last, First)”** in the first box type your “last name” in the next box type your “first name” click the search button.
- 3) Once the page re-loads click on your name. The page that comes up next will be the page you print for license verification.

Counselor Trainee Extension

For each new academic term that you are enrolled in a Practicum or Internship class **you must submit a CT Extension Form.**

When completing the CT Extension Form:

- You must **confirm that your duties will include the diagnosis and treatment of mental and emotional disorders** (Internship only);
- You will **confirm that your duties remain the same, or list new duties**;
- You will **indicate if you have a new or additional site and a new or additional supervisor**;
- You **must sign and date the form**.

You will submit the CT Extension Form along with proof of enrollment in the Practicum or Internship class. The **proof of enrollment document must come from the school or its website and list:**

- Your name;
- Class title;
- Start and end dates of the academic term(s)

Sign and date the completed CT Extension Form and fax both the form and the proof of enrollment to the Board at 614-728-7790.

Internship Supervision Evaluation Instructions

Once you have met your internship requirements, you will complete part A and sign. Your supervisor will complete part B and will return all four pages to you in a business size envelope signed across the seal. The form needs to be in the Board's offices within 30 days of completing your internship.

1. If you are ending supervision with a supervisor without completing your internship hours, ask your supervisor to complete the Internship Supervision Evaluation Form.
2. If you have more than one supervisor, each supervisor will complete a form.

Excerpt from 4757-17-01 Regarding Counselor Trainee

(E) Registration of training supervision for practicum or internship for counselor trainee status:

(1) Students enrolled in a practicum or internship prior to receiving their counseling degree are eligible for "counselor trainee" status as defined in paragraph (I) of rule 4757-3-01 of the Administrative Code, if they are doing so in Ohio. Students are not required by the board to have counselor trainee status to complete their practicum or internship requirements, including the provision of supervised counseling services, but may be required to obtain registration as a counselor trainee by the supervising agency as a condition of acceptance for practicum or internship. A student may also voluntarily choose to apply for registration as a counselor trainee...

(2) Ensuring the counselor trainee is properly registered and listed on the licensure web site <https://license.ohio.gov> is primarily the responsibility of the counselor trainee, but shall be monitored by the work place supervisor or agency at time of placement and subsequent extensions of counselor trainee status.

Note to LPC-S & LPCC-S Supervisors

(A) Definition of supervision:

(1) "Training supervision" is supervision of all individuals who are gaining the experience required for a license as a professional clinical counselor, or a license as a professional counselor under rule 4757-13-01 of the Administrative Code, or a counselor trainee registered with the board and enrolled in a practicum or internship class under paragraph (E) of this rule. This type of supervision requires extensive time and involvement on the part of the supervisor in order to help supervisees improve their skills and/or learn new skills. 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. Training supervision shall be face-to-face individual and/or triadic for counselor trainees. Training supervision shall be face-to-face individual or group supervision for professional counselors.

(A)(3) "Group supervision" is board approved supervision that consists of not more than six supervisees for one supervisor.

(C) (2) Training supervisees may not choose a supervisor who is a family member or who is related to them in any way.

(C)(1)(f) Complete and forward to the board all supervision evaluation forms required by the board within thirty days of receipt of the form from a supervisee.

(C)(3) Professional counselors who are registered with the board for training supervision and engaging in the supervised diagnosis and treatment of mental and emotional disorders shall not collect fees in their own names. All billings shall be in the name of the employing agency or the licensed supervisor.

(C)(4) The professional clinical counselor with supervision designation is responsible for all diagnoses, change in diagnoses, individualized services plans, and correspondence to any third party outside of the agency.

Share with supervisors that they must complete an evaluation, if they agreed to be a training supervisor.

Counselor Trainee Initial Application Form

Go to

<http://cswmft.ohio.gov/Portals/0/COUNSELOR/COUNSELOR%20TRAINEE/CTApp.pdf>

for paper application, use online form at

<https://license.ohio.gov/Applications/appInstruction.asp?Type=10>

or see form below.



Counselor, Social Worker & Marriage and Family Therapist Board

77 S High St., 24th Flr, Rm 2468
Columbus, Ohio 43215-6171
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: (first, MI, Last)		DoB in MMDDYYYY		SSN or Student Visa #	
2. Street Address:			City:	County:	State: Zip:
3. Daytime Phone:		Email:		CT # (office use only)	
4. Name of your LPCC-S supervisor:			Job title and license number of supervisor:		
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.)					

CAUTION: False, and/or misleading information provided by an applicant may result in the denial and/or permanent denial of a license.

9.	Do you hold any other licenses or certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No LIC/CERT # ISSUE DATE EXPIRATION DATE _____ _____		
10.	Have you EVER been arrested, charged or convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes? This includes crimes that have been expunged IF there is a direct and substantial relationship to professional counselor practice. Please answer BOTH questions a and b.		
a.	A felony in Ohio, another state, commonwealth, territory, province, or country?	Yes	No
b.	A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? (This does not include traffic violations unless they are DUI/OVI)	Yes	No
11.	Have you ever been found to be mentally ill or mentally incompetent by a probate court?	Yes	No
If you answered "Yes" to a box above, you are required to provide the Board with a written explanation of the events including the date, county and state in which the events occurred (attach a separate sheet to this application), and a certified copy of the indictment(s) or criminal complaint(s), plea(s), journal entry(s) from the appropriate court. A copy of the court docket or case summary does not meet this requirement.			
12.	Has any board, bureau, department, agency or other body, including those in Ohio, other than this Board, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation; or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?	Yes	No
13.	Have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination required for any professional license, in any state (including Ohio), commonwealth, territory, province, or country?	Yes	No
14.	Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?	Yes	No
15.	Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio with respect to a professional license, certificate, or registration?	Yes	No
16.	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?	Yes	No
17.	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?	Yes	No
18.	Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, 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 professional counselor?	Yes	No
19.	Have you been notified of any proceeding to determine whether you may be subject to listing on the Sexual Civil Child Abuse Registry established by the Ohio Attorney General pursuant to section 3797.08 of the Revised Code, and/or are you listed on that registry?	Yes	No
20.	Are you required to register, under Ohio law, the law of another state, the U.S., or a foreign country, as a sex offender?	Yes	No
21.	Have you ever been discharged other than honorably from the armed service or from a city, county, state or Federal position?	Yes	No
If you answered "Yes" to questions 12-21, you are required to provide the Board with a written explanation and certified copies of any documents.			
22.	<p>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.</p> <p>The Counselor, Social Worker and Marriage and Family Therapist Board is required to collect the social security numbers of all applicants. All parties to this Agreement understand that this information will be sent to the United States Department of Health and Human Services' National Practitioner Data Bank (NPDB), pursuant to Title IV of Public Law 99-660, the Healthcare Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act, as amended by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996. Additionally, Ohio Revised Code Sec. 2301.373(E) may require disclosure to 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.</p> <p>_____ Signature of Counselor Trainee _____ Date</p>		

Clinical Mental Health Program Practicum/Internship Student and Site Information Form

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. Use the online [Clinical Mental Health Program Practicum/Internship Student and Site Information Form](#) to submit this information. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course.

Appendix B: Forms to Complete During Practicum (CG 592)



Practicum/Internship Bi-Weekly Log and Supervision Form

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 Supervision Hours to date:
Total Non-Direct Hours to date (*ND*):
Total Direct Hours to date (*D*):

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

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

Session Review Form

John Carroll University
Clinical Mental Health Counseling Program

PAGE 1 OF 2

Student Name _____ Date of Session _____
Date Reviewed _____ Supervisor's Name _____ Session # _____

Instructions: This page should be filled out by the student's supervisor. Please rate the student on the below criteria regarding the student's use of clinical skills when working with a specified case.

Please rate each of the following categories: E 3 Exceeds Expectations M 2 Meets Expectations D 1 Does not meet Expectations

Motivational Interviewing Techniques

Open Ended Questions	E3	M2	D1
Affirmations	E3	M2	D1
Reflections	E3	M2	D1
Summarizations	E3	M2	D1

Basic Clinical Skills

Warmth, respect, positive regard, genuineness	E3	M2	D1
Attending skills utilized	E3	M2	D1
Connecting, linking	E3	M2	D1
Use of evidenced based interventions	E3	M2	D1
Refrains from lecturing and advice giving	E3	M2	D1
Empathy	E3	M2	D1
Silence used effectively	E3	M2	D1

Use of self

Congruent body language (eye contact, posture, etc.)	E3	M2	D1
Congruent voice, tone, and pace	E3	M2	D1
Professional demeanor and presentation	E3	M2	D1

Planning & Structure of Session

Evidence of planning for the session	E3	M2	D1
Opening of the session well implemented	E3	M2	D1
Treatment goals clear	E3	M2	D1
Closing was on time and well implemented	E3	M2	D1

Multicultural Competency

Open to gaining cultural knowledge	E3	M2	D1
Respectful of client's personal values & beliefs	E3	M2	D1

Total Points ____/63

Session Review Form

John Carroll University
Clinical Mental Health Counseling Program

PAGE 2 OF 2

Student Name _____ Date of Session _____

Date Reviewed _____ Supervisor's Name _____ Session # _____

Instructions: The top portion of this page should be filled out by the student prior to meeting with the supervisor.

Strengths _____

Areas for Improvement _____

Theoretical orientation _____. How did you apply this theoretical orientation to this case _____

Feedback requested from Supervisor _____

Instructions: The bottom portion of this form should be filled out by the supervisor during the supervision meeting with the student. The last question should be answered by the supervisor and the student.

Strengths _____

Areas for Improvement _____

Supervisor and Supervisee's Plan of Action

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

Goals for Practicum/Internship

Name of Student _____ Semester _____

Progress of last semester's goals (if applicable) and feedback from supervisors

List one knowledge goal using the SMART format.

Steps and timeline to achieve the goal, what will you do and when?

How will you know when your goal is met?

List one skill goal using the SMART Format

Steps and timeline to achieve the goal, what will you do and when?

How will you know when your goal is met?

SMART goals

S = Specific

M = Measurable

A = Achievable

R = Realistic

T = Time Frame

Student's Signature _____

Site Supervisor's Signature _____

University Supervisor's Signature _____

Instructor's Signature _____

Rubric for Goals for Semester

Student Name _____ Date _____ Course and Semester _____

GOALS & STANDARDS	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
	3	2	1
Evaluation of student's counseling performance throughout the clinical experience CACREP III F5, G6)	Establishes clear goals using SMART format and provides explicit details of a clearly achievable plan for accomplishing those goals based on extensive reflection and informed by multiple feedback sources.	Establishes achievable goals and articulates a plan for accomplishing those goals based on one feedback source.	Fails to adequately articulate goals or plans for achieving them.

Total points _____

Case Report and Treatment Plan Outline

This case report is intended to be a summary of everything you know about the client so far. Integrate the information given to you from the initial assessment with additional information from your counseling sessions. Case reports must be typed and professionally written. Do NOT include any identifiable case information. Make copies for your classmates and shred all when completed.

Client (use initials or fake name) _____ Date _____
Counselor Trainee _____ Number of Sessions _____

- A. Brief Demographic Description of Client
Include age, ethnicity, gender, occupation, marital/family status & living situation.
- B. Presenting Problem and referral source
- C. Assessment of client, including Mental Status Exam, behavioral observations, environmental assessment, and results of appropriate test data
- D. History
 - Presenting Problem History
Include estimated date of onset and concurrent events; intensity, frequency, and Changes.
 - Family History
Past and present - include description of relationships with family members, client's living arrangements, parents' occupations. Include statements affirming/denying family alcoholism, substance abuse, physical or sexual abuse: explain.
 - Social Relationship History
Past and present - include statement affirming/denying any unwanted sexual experience, physical abuse, trouble with police: explain.
 - Academic/Work History
Past and present
 - Medical History
Past and present - include statements affirming/denying any medical conditions, hospitalizations, prescription medicines, problems with eating and/or weight control, problems with substance abuse.
 - Counseling History
Briefly describe dates of services: self-help groups & what the client found helpful.
 - Client's strengths and support system
- E. Diversity, Spirituality and Culture. What diversity issues should be considered in evaluation and treatment planning when working with this client? How are you

adapting your understanding of the presenting problem and your work with this client based on diversity issues?

- F. Clinical Interpretation or Hypothesis/ theoretical conceptualization.. Based on the assessment of the presenting problem, background information and your theoretical approach, provide your view of the problem in theoretical terms and link to the presenting problem. Describe patterns leading to the summary of the presenting problem and provide possible causes.
- G. Diagnosis – List the DSM V diagnosis. Include both the name of the diagnosis and the code number. Make sure to use any appropriate specifiers.
- H. Treatment goals/plan. Short and long term Goals, Objectives stated in terms of expected and ideal levels of outcome. How will the client change for the better? How will you measure outcomes? It is important that your treatment goals/objectives are clear and measurable (e.g. client will increase positive self-talk from a 4 to a 6 on a 10 point scale by 3/3/16)
- I. Literature Search: What does the literature have to say about evidenced-based treatment of the presenting problem(s)? Provide references to articles/research that helped guide your treatment and discuss how you integrated literature into your treatment.
- J. Interventions. What strategies/interventions/techniques have you implemented or plan to implement with this client and rationale? Are they evidenced-based for the client's presenting problem? How are they tied to the treatment plan?
- K. Ethical & Legal issues. Which of the ethical principles and legal considerations of counselors are relevant or could be relevant to this case?
- L. Technology. Use of technology in evaluation, treatment, or service delivery.
- M. Personal reaction/reflection. What feelings/thoughts do you have about this case. What issues were triggered or could be triggered for you? Reflect on your counseling experience, the emerging challenges and the successes.
- N. Feedback. What concerns do you have about this case? What kind of help/feedback would you like from the group?

Case Report Rubric for CG592

Student Name _____ Date _____ Course and Semester _____

GOALS & STANDARDS	EXCEEDS EXPECTATIONS (for practicum level)	MEETS EXPECTATIONS (for practicum level)	DOES NOT MEET EXPECTATIONS (for practicum level)
	3	2	1
Reflective Thinking and Legal/ethical issues CACREP II G5d CMHC A2, B1, C1	Demonstrates exceptional insight and thoughtful description of the early counseling experience, the emerging ethical/legal challenges and the successes.	Provides description of the early counseling experience, the ethical/legal challenges and successes.	Minimal description of the early counseling experience, ethical/legal challenges and successes.
Integration of Counseling Theory into Case Conceptualization CACREP II G5d, CMHC C7	Discusses two or more related theoretical constructs exceptionally well and makes strong links made to presenting problem.	Discusses at least one theoretical construct and makes some link to presenting problem.	Link to theory incomplete or vague with little or no supporting details for link to presenting problem.
Diagnosis/Assessment of Presenting Problem CMHC L1,2 CMHCD1, G2, K2,3,	Detailed description of consistencies of patterns leading to a summary of the problem; describes possible causes. Accurate diagnosis based on evidence.	Describes patterns leading to the summary of the problem and describes possible causes. Adequate diagnoses based on some evidence.	Does not identify patterns leading to the problem; does not describe possible causes, inaccurate diagnosis based on minimal evidence.
Literature Integration and Synthesis CMHC J1	Include data from two or more relevant and recent sources and demonstrates how the literature guided the counseling process.	Included data from 1 or more relevant sources and some evidence of integration of the literature in guiding the counseling process.	No evidence of literature search.
Treatment Goals/Plan CMHC D7	Short and long-term goals clearly tied to presenting problem and evidence based treatment.	Short and long term goals somewhat tied to presenting problem and evidence-based treatment.	Treatment goals are vague with no connection to presenting problem and evidence based treatment.
Openness to Diversity Issues and Ability to Work with Diverse Populations CACREP II G2d, G5d, CMHC D2,4,5 E1,3, F3, H1	Strong evidence of openness, understanding, and ability to work with diverse populations.	Some evidence of openness and/or understanding and ability to work with diverse populations.	Limited evidence of openness, understanding and ability to work with diverse populations.

Interventions CACREP II G5d, CMHC H1 CMHC D8, G2	Detailed summary of strategies and techniques implemented or intention to implement; interventions are evidenced based and tied to treatment plan	Some discussion of strategies and techniques implemented or plan for implementation and tied to treatment plan.	No discussion of interventions or plan for interventions.
Writing Skills CMHC D7	Paper is prepared in proper APA format, nearly error-free (spelling and grammar), well written and concise. Professional language is used throughout.	Paper mostly follows proper APA format with minimal errors, writing is average.	Paper does not follow APA format, includes many errors, and is poorly written.
Case presentation CACREP III F5	Very well presented, exceptionally clear and concise. Very well prepared, led a very good discussion and open to feedback	Well presented, clear and concise. Well prepared, Led a good discussion and open to feedback	Not well presented, unclear, unprepared. Little class discussion and not open to feedback.
Progress in Development towards becoming a competent counselor CACREP III F5	Superior development towards becoming a competent for what would be expected for beginning level (practicum) counselor	Demonstrates adequate development toward becoming a competent counselor for what would be expected for beginning level (practicum) counselor	Demonstrates substandard development toward becoming a competent counselor at the practicum level and there is need for remediation

Total Points _____

Guidelines for Behavior Change Experience

The behavior change experience should be structured like a real counseling session. Below are guidelines that the "counselors" are expected to follow:

- "Counselors" should reserve rooms before the meeting is scheduled. It is possible to reserve study/group rooms in the library:
<http://jcu.libcal.com/booking/GroupStudy>
- "Counselors" are responsible for setting up the appointment with the student. This should be done via email or telephone, but should **not** include text messaging.
- "Counselors" should dress appropriately and professionally, as if they are meeting with real clients.
- Cancellations are not allowed to occur at the last minute. There should be ample notice if an appointment needs to be canceled or rescheduled. These appointments should be treated as if they are appointments with clients.
- The "counselor" will be evaluated as if this is a real counseling session. This includes being professional, using the skills learned, and maintaining respect and confidentiality.
- Sessions will be video recorded and only viewed by the student "counselor," the instructor of Practicum and/or Advanced Counseling Techniques, and the Practicum Supervisor for the purpose of supervision of the student "counselor."

Student "Counselor" Signature

Date

Student "Client" Signature

Date

Practicum Grading Checklist

Name_____ CG 592 Instructor_____ Semester_____

Points

- ___ Notebook up to date (completed 1, not completed 0)
- ___ Practice Videotape (completed 1, not completed 0)
- ___ Site visit (completed 1, not completed 0)
- ___ Professional Goals (see rubric 1-3)
- ___ Case Presentation (see rubric 1-30)
(Minimum score accepted 20)
- ___ 5 session reviews (minimum total points 280)
(completed 5, not completed 0)
- ___ Completed PAL's and chapter reviews (1 completed, 0 not completed)
(must have at least 10 PAL's)
- ___ Evaluation of experience paper (see rubric 1-3)
- ___ Attendance & Participation (completed 5, not completed 0)
- ___ Log and Practicum Completion form (completed 1, not completed 0)
- ___ Professional Performance Fitness Evaluation (completed 1, not completed 0)
(Minimum score accepted per evaluation 82)
 - ___ a. your self-assessment
 - ___ b. site supervisor
 - ___ c. JCU supervisor
 - ___ d. Instructor
- ___ Your evaluation of your JCU Supervisor (completed 1, not completed 0)
- ___ Self-efficacy scale (completed 1, not completed 0)
- ___ Completion of CCS-R (completed 10)

- ___ Total points (must have 50 points to pass course)

Notebook Outline

In a three-ring binder, with dividers noting the following documents:

1. Practicum/Internship initial-ongoing paperwork
 - Application/Developmental Statement
 - Training Agreement
 - JCU Practicum/Internship Field Agreement
 - Evidence of current CT Status
 - Evidence of current malpractice insurance (1,000,000/3,000,000)
2. Current resume
3. Goal sheets for Practicum/Internship
4. Log sheets and completion forms
5. Case Presentations and rubrics
6. Session Reviews (individual and group)
7. Session Critiques (internship only)
8. Self-assessments (evaluation of experience papers from each semester), self-efficacy data and professional development plan (internship B only)
9. Evaluation of JCU doctoral supervisor (practicum only)
10. Advocacy and Professional activity summaries (internship only)
11. Formal Evaluations, midterm evaluations and grading checklists (make copies of evaluation instruments to turn into instructor)
12. Program evaluations (self and site supervisor – internship B only)
13. Evidence of taking/passing the ethics exam on the website
14. Additional data, e.g. client satisfaction surveys, (internship only)
15. Completed CCS-R forms for each semester

Counselor Self-Efficacy Scale

This is **emailed to the student electronically to complete** and a summary report of responses is emailed to the student within two weeks. *The survey is shown below for illustrative purposes only.*

General Instructions: The following questionnaire consists of three parts. Each part asks to rate your beliefs about your ability to perform various counselor behaviors and to deal with particular issues in counseling. Please provide your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions.

Name:

Email Address:

Semester:

Course: Instructor:

Part I: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling most clients. When completing these items, please use the 0-9 rating scale, with 0 being equal to no confidence and 9 being equal to complete confidence.

How confident are you that you could use these general skills effectively with most clients over the next week?

Attending (orient yourself physically toward the client)	
Listening (capture and understand the messages that clients communicate)	
Restatements (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear)	
Open Questions (ask questions that help clients to clarify or explore their thoughts or feelings)	
Reflection of Feelings (repeat or rephrase the client's statements with an emphasis on his or her feelings)	
Self-Disclosure for Exploration (reveal personal information about your history, credentials, or feelings)	
Intentional Silence (use of silence to allow clients to get in touch with their thoughts or feelings)	
Challenges (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change)	
Interpretations (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings)	
Self-Disclosure for Insight (disclose past experiences in which you	

gained some personal insight)	
Immediacy (disclose immediate feelings you have about the client, the therapeutic relationship, or yourself in relation to the client)	
Information-Giving (teach or provide the client with data, opinions, facts, resources, or answers to questions)	
Direct Guidance (give the client suggestions, directives, or advice that imply actions for the client to take)	
Role-Play and Behavior Rehearsal (assist the client to role-play or rehearse behaviors in-session)	
Homework (develop and prescribe therapeutic assignments for clients to try out between sessions).	

How confident are you that you could do these specific tasks effectively with most clients over the next week?

Keep sessions "on track" and focused.	
Respond with the best helping skill, depending on what your client needs at a given moment.	
Help your client to explore his or her thoughts, feelings, and actions.	
Help your client to talk about his or her concerns at a "deep" level.	
Know what to do or say next after your client talks.	
Help your client set realistic counseling goals.	
Help your client to understand his or her thoughts, feelings, and actions.	
Build a clear conceptualization of your client and his or her counseling issues.	
Remain aware of your intentions (i.e., the purposes of your interventions) during sessions.	
Help your client to decide what actions to take regarding his or her problems.	

How confident are you that you could work effectively over the next week with a client who...

Is clinically depressed.	
Has been sexually abused.	
Is suicidal.	
Has experienced a recent traumatic life event (i.e., physical or psychological injury or abuse).	
Is extremely anxious.	
Shows signs of severely disturbed thinking.	
You find sexually attractive.	
Is dealing with issues that you personally find difficult to handle.	
Has core values or beliefs that conflict with your own (i.e., regarding religion or gender roles).	
Differs from you in a major way or ways (i.e., race or ethnicity).	
Is not "psychologically-minded" or introspective.	

Is sexually attracted to you.	
You have negative reactions toward (i.e., boredom or annoyance).	
Is at an impasse in therapy.	
Wants more from you than you are willing to give (i.e., in terms of frequency of contacts or problem-solving prescriptions).	
Demonstrates manipulative behaviors in-session.	

Rubric for Evaluation of Experience Paper

Student Name _____ Date _____ Course and Semester _____

GOALS & STANDARDS	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
	3	2	1
Self reflection and self care CACREP II G1d, CMHC D9)	The student provides an insightful, balanced, and comprehensive articulation of individual strengths and challenges. Specific and meaningful examples tied to professional literature and coursework are shared. The student’s evaluation reflects a deep and clear understanding of the impact of personal development and growth on becoming a counselor.	The student provides an articulation of individual strengths and challenges. Examples are provided and are tied to the professional literature or course work. The student’s evaluation reflects some understanding of the relationship of the impact of personal development and growth on becoming a counselor.	The student fails to mention strengths and challenges. The student fails to articulate the relationship of personal development and growth on becoming a counselor.

Total points _____

Appendix C: Forms to Complete by the End of Practicum (CG 592)



Practicum Completion Form

John Carroll University
Clinical Mental Health Counseling Program

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

Professional Performance Fitness Evaluation

John Carroll University
 Clinical Mental Health Counseling Program

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 use of head, eye, hands, feet, posture, voice, attire, etc.)	N	1	2	3
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	N	1	2	3

professional relationships.				
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 relationship 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	N	1	2	3
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are false, misleading or deceptive.				
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

Doctoral Intern Practicum Supervisor Evaluation

John Carroll University
Clinical Mental Health Counseling Program

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

Practicum/Internship Formal Evaluation by Instructor

John Carroll University
Clinical Mental Health Counseling Program

Name of Student _____ Course name/semester/year _____

Name of Instructor _____ Site of placement _____

Strengths of student

Areas needing attention

Assessment of Notebook

Contribution to Class

Suggestions/Recommendations

Student's comments

Student

Instructor

Date

Counselor Competencies Scale – Revised (CCS-R)

The Counselor Competencies Scale (CCS-R) will be emailed to your licensed site representative to complete online and a summary report of your responses will be emailed to you at the end of the semester. Keep a copy in your notebook. *The survey is shown below for illustrative purposes only.*

Counselor Competencies Scale—Revised (CCS-R) © (Lambie, Mullen, & Swank, & Blount, 2014)

The *Counselor Competencies Scale—Revised* (CCS-R) assesses counselors' and trainees' skills development and professional competencies. Additionally, the CCS-R provides counselors and trainees with direct feedback regarding their demonstrated ability to apply counseling skills and facilitate therapeutic conditions, and their counseling dispositions (dominant qualities) and behaviors, offering the counselors and trainees practical areas for improvement to support their development as effective and ethical professional counselors.

Scales Evaluation Guidelines

- **Exceeds Expectations / Demonstrates Competencies (5)** = the counselor or trainee demonstrates **strong** (i.e., *exceeding*) the expectations of a beginning professional counselor) knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition and behavior(s).
- **Meets Expectations / Demonstrates Competencies (4)** = the counselor or trainee demonstrates **consistent** and **proficient** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s). A beginning professional counselor should be at this level at the conclusion of his or her practicum and/or internship.
- **Near Expectations / Developing towards Competencies (3)** = the counselor or trainee demonstrates **inconsistent** and **limited** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Below Expectations / Insufficient / Unacceptable (2)** = the counselor or trainee demonstrates **limited** or **no evidence** of the knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Harmful (1)** = the counselor or trainee demonstrates harmful use of knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

Directions: Evaluate the counselor's or trainee's counseling skills, ability to facilitate therapeutic conditions, and professional dispositions & behaviors per rubric evaluation descriptions & record rating in the "score" column on the left.

CACREP (2009; 2016, Draft #2) Standards relating to the *Counselor Competencies Scale—Revised (CCS-R)*

- Ethical and culturally relevant strategies for developing helping relationships (CACREP, 2016, Section II, *Standard 5.d.*).
- Counselor characteristics and behaviors that influence helping processes (CACREP, 2009, Section II, *Standard 5.b.*; CACREP, 2016, Section II, *Standard 5.e.*).
- Essential interviewing, counseling, and case conceptualization skills (CACREP, 2009, Section II, *Standard 5.c.*; CACREP, 2016, Section II, *Standard 5.f.*).
- Processes for aiding students in developing a personal model of counseling (CACREP, 2016, Section II, *Standard 5.m.*).
- Strategies for personal and professional self-evaluation and implications for practice (CACREP, 2016, Section II, *Standard 1.j.*).
- Self-care strategies appropriate to the counselor role (CACREP, 2009, Section II, *Standard 1.d.*; CACREP, 2016, Section II, *Standard 1.k.*).
- If evaluations indicate that a student is not appropriate for the program, faculty members help facilitate the student's transition out of the program and, if possible, into a more appropriate area of study, consistent with established institutional due process policy and the ethical codes and standards of practice of professional counseling organizations. (CACREP, 2009, Section I, *Standard P.*; CACREP, 2016, Section I, *Standard P.*).
- Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community (CACREP, 2009, Section III, *Professional Practice*; CACREP, 2016, Section III, *Professional Practice*).
- Entry-Level Program Practicum (CACREP, 2016, Section III, *Professional Practice*, p. 12).
 - A. Students must complete supervised counseling practicum experiences that total a **minimum of 100 clock hours** over a full academic term that is a minimum of 10 weeks.
 - B. Practicum students must **complete at least 40 clock hours of direct service** with actual clients that contributes to the development of counseling skills.
 - C. An average of **one hour per week of individual and/or triadic supervision** is provided throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in biweekly consultation with a counselor education program faculty member in accordance with the supervision agreement.
 - D. An average of **1 ½ hours per week of group supervision** is provided on a regular schedule throughout the practicum by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.
 - E. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum.
 - F. Supervision of practicum students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
 - G. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum.

Part I: Counseling Skills & Therapeutic Conditions

#	Score	Primary Counseling Skill(s)	Specific Counseling Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unacceptable (2)	Harmful (1)
I. A		Nonverbal Skills	Includes Body Position, Eye Contact, Posture, Distance from Client, Voice Tone, Rate of Speech, Use of silence, etc. (matches client)	Demonstrates effective nonverbal communication skills, conveying connectedness & empathy (85%).	Demonstrates effective nonverbal communication skills for the majority of counseling sessions (70%).	Demonstrates inconsistency in his or her nonverbal communication skills.	Demonstrates limited nonverbal communication skills.	Ignores client &/or gives judgmental looks.
I. B		Encouragers	Includes Minimal Encouragers & Door Openers such as "Tell me more about...", "Hmm"	Demonstrates appropriate use of encouragers, which supports development of a therapeutic relationship (85%).	Demonstrates appropriate use of encouragers for the majority of counseling sessions, which supports development of a therapeutic relationship (70%).	Demonstrates inconsistency in his or her use of appropriate encouragers.	Demonstrates limited ability to use appropriate encouragers.	Uses skills in a judgmental manner.
I. C		Questions	Use of Appropriate Open & Closed Questioning (e.g., avoidance of double questions)	Demonstrates appropriate use of open & close-ended questions, with an emphasis on open-ended question (85%).	Demonstrates appropriate use of open & close-ended questions for the majority of counseling sessions (70%).	Demonstrates inconsistency in using open-ended questions & may use closed questions for prolonged periods.	Uses open-ended questions sparingly & with limited effectiveness.	Uses multiple questions at one time
I. D		Reflecting_a Paraphrasing	Basic Reflection of Content – Paraphrasing	Demonstrates appropriate use of paraphrasing as a primary therapeutic approach (85%).	Demonstrates appropriate use of paraphrasing (majority of counseling sessions; 70%).	Demonstrates paraphrasing inconsistently & inaccurately or mechanical or parroted responses.	Demonstrates limited proficiency in paraphrasing or is often inaccurate.	Judgmental, dismissing, &/or overshoots
I. E		Reflecting_b Reflection of Meaning	Reflection of Feelings	Demonstrates appropriate use of reflection of feelings as a primary approach (85%).	Demonstrates appropriate use of reflection of feelings (majority of counseling sessions; 70%).	Demonstrates reflection of feelings inconsistently & is <i>not</i> matching the client.	Demonstrates limited proficiency in reflecting feelings &/or is often inaccurate.	Judgmental, dismissing, &/or overshoots
I. F		Reflecting_c Summarizing	Summarizing content, feelings, behaviors, & future plans	Demonstrates consistent ability to use summarization to include content, feelings, behaviors, and future plans (85%).	Demonstrates ability to appropriately use summarization to include content, feelings, behaviors, and future plans (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use summarization.	Demonstrates limited ability to use summarization.	Judgmental, dismissing, &/or overshoots
I. G		Advanced Reflection (Meaning)	Advanced Reflection of Meaning including Values and Core Beliefs (taking counseling to a deeper level)	Demonstrates consistent use of advanced reflection & promotes discussions of greater depth during counseling sessions (85%).	Demonstrates ability to appropriately use advanced reflection, supporting increased exploration in session (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use advanced reflection. Counseling sessions appear superficial.	Demonstrates limited ability to use advanced reflection &/or switches topics in counseling often.	Judgmental, dismissing, &/or overshoots

#	Score	Primary Counseling Skill(s)	Specific Counseling Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unacceptable (2)	Harmful (1)
I. H		Confrontation	Counselor challenges client to recognize & evaluate inconsistencies.	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the client's words &/or actions in a supportive fashion. Balance of challenge & support (85%).	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the client's words &/or actions in a supportive fashion (can confront, but hesitant) or was <i>not</i> needed and therefore appropriately <i>not</i> used (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to challenge clients through verbalizing inconsistencies & discrepancies in client's words &/or actions in a supportive fashion. Used minimally/missed opportunity.	Demonstrates limited ability to challenge clients through verbalizing discrepancies in the client's words &/or actions in a supportive & caring fashion, &/or skill is lacking.	Degrading client, harsh, judgmental, &/or being aggressive
I. I		Goal Setting	Counselor collaborates with client to establish realistic, appropriate, & attainable therapeutic goals	Demonstrates consistent ability to establish collaborative & appropriate therapeutic goals with client (85%).	Demonstrates ability to establish collaborative & appropriate therapeutic goals with client (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to establish collaborative & appropriate therapeutic goals with client.	Demonstrates limited ability to establish collaborative, appropriate therapeutic goals with client.	No therapeutic goals collaboratively established
I. J		Focus of Counseling	Counselor focuses (or refocuses) client on his or her therapeutic goals – i.e., purposeful counseling	Demonstrates consistent ability to focus &/or refocus counseling on client's goal attainment (85%).	Demonstrates ability to focus &/or refocus counseling on client's goal attainment (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to focus &/or refocus counseling on client's therapeutic goal attainment.	Demonstrates limited ability to focus &/or refocus counseling on client's therapeutic goal attainment.	Superficial, &/or moves focus away from client
I. K		Facilitate Therapeutic Environment a	Expresses accurate empathy & care. Counselor is "present" and open to client. (includes immediacy and concreteness)	Demonstrates consistent ability to be empathic & uses appropriate responses (85%).	Demonstrates ability to be empathic, & uses appropriate responses (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be empathic &/or use appropriate responses.	Demonstrates limited ability to be empathic &/or uses appropriate responses.	Creates unsafe space for client
I. L		Facilitate Therapeutic Environment b	Counselor expresses appropriate respect & unconditional positive regard	Demonstrates consistent ability to be respectful, accepting, & caring with clients (85%).	Demonstrates ability to be respectful, accepting, & caring with clients (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be respectful, accepting, & caring.	Demonstrates limited ability to be respectful, accepting, &/or caring.	Demonstrates conditional or negative respect for client

_____ : Total Score (out of a possible 60 points)

Part 2: Counseling Dispositions & Behaviors

#	Score	Primary Professional Dispositions	Specific Professional Disposition Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unacceptable (2)	Harmful (1)
2.	A	Professional Ethics	Adheres to the ethical guidelines of the ACA, ASCA, IAMFC, APA, & NBCC; including practices within competencies.	Demonstrates consistent & advanced (<i>i.e., exploration & deliberation</i>) ethical behavior & judgments.	Demonstrates consistent ethical behavior & judgments.	Demonstrates ethical behavior & judgments, but on a concrete level with a basic ethical decision-making process.	Demonstrates limited ethical behavior & judgment, and a limited ethical decision-making process.	Repeatedly violates the ethical codes &/or makes poor decisions
2.	B	Professional Behavior	Behaves in a professional manner towards supervisors, peers, & clients (includes appropriate dress & attitudes). Able to collaborate with others.	Demonstrates consistent & advanced respectfulness and thoughtfulness, & appropriate within <i>all</i> professional interactions.	Demonstrates consistent respectfulness and thoughtfulness, & appropriate within <i>all</i> professional interactions.	Demonstrates inconsistent respectfulness and thoughtfulness, & appropriate within professional interactions.	Demonstrates limited respectfulness and thoughtfulness & acts inappropriate within some professional interactions.	Dresses inappropriately after discussed &/or repeatedly disrespects of others.
2.	C	Professional & Personal Boundaries	Maintains appropriate boundaries with supervisors, peers, & clients.	Demonstrates consistent & strong appropriate boundaries.	Demonstrates consistent appropriate boundaries.	Demonstrates appropriate boundaries inconsistently.	Demonstrates inappropriate boundaries.	Harmful relationship with others
2.	D	Knowledge & Adherence to Site Policies	Demonstrates an understanding & appreciation for <i>all</i> counseling site policies & procedures.	Demonstrates consistent adherence to <i>all</i> counseling site policies & procedures, including strong attendance and engagement.	Demonstrates adherence to most counseling site policies & procedures, including strong attendance and engagement.	Demonstrates inconsistent adherence to all counseling site policies & procedures, including attendance and engagement.	Demonstrates limited adherence to all counseling site policies & procedures, including attendance and engagement.	Failure to adhere to policies after discussed with supervisor.
2.	E	Record Keeping & Task Completion	Completes <i>all</i> weekly record keeping & tasks correctly & promptly (e.g., case notes, psychosocial reports, treatment plans, supervisory report).	Completes <i>all</i> required record keeping, documentation, and assigned tasks in a thorough, timely, & comprehensive fashion.	Completes <i>all</i> required record keeping, documentation, and tasks in a competent & timely fashion.	Completes <i>all</i> required record keeping, documentation, and tasks, but in an inconsistent & questionable fashion.	Completes required record keeping, documentation, and tasks inconsistently & in a poor fashion.	Failure to complete paperwork &/or tasks by specified deadline.

#	Score	Primary Professional Dispositions	Specific Professional Disposition Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Insufficient / Unacceptable (2)	Harmful (1)
2.	F	Multicultural Competencies	Demonstrates awareness, appreciation, & respect of cultural difference (e.g., race, ethnicity, spirituality, sexual orientation, disability, SES, etc.)	Demonstrates consistent & advanced multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients, peers, and supervisors.	Demonstrates multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients, peers, and supervisors.	Demonstrates inconsistent multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients, peers, and supervisors.	Demonstrates limited multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients, peers, and supervisors.	Not accepting worldviews of others
2.	G	Emotional Stability & Self-control	Demonstrates emotional stability (i.e., congruence between mood & affect) & self-control (i.e., impulse control) in relationships with supervisor, peers, & clients.	Demonstrates consistent emotional resiliency & appropriateness in interpersonal interactions with clients, peers, and supervisors.	Demonstrates emotional stability & appropriateness in interpersonal interactions with clients, peers, and supervisors.	Demonstrates inconsistent emotional stability & appropriateness in interpersonal interactions with clients, peers, and supervisors.	Demonstrates limited emotional stability & appropriateness in interpersonal interactions with clients, peers, and supervisors.	Inappropriate interactions with others continuously, high levels of emotional reactivity with clients, peers, and supervisors.
2.	H	Motivated to Learn & Grow / Initiative	Demonstrates engagement in learning & development of his or her counseling competencies.	Demonstrates consistent and strong engagement in promoting his or her professional and personal growth & development.	Demonstrates consistent engagement in promoting his or her professional and personal growth & development.	Demonstrates inconsistent engagement in promoting his or her professional and personal growth & development.	Demonstrates limited engagement in promoting his or her professional and personal growth & development.	Expresses lack of appreciation for the profession &/or is apathetic in promoting his or her professional and personal growth & development.
2.	I	Openness to Feedback	Responds non-defensively & alters behavior in accordance with supervisory feedback.	Demonstrates consistent and strong openness to supervisory feedback & implements suggested changes.	Demonstrates consistent openness to supervisory feedback & implements suggested changes.	Demonstrates openness to supervisory feedback; however, does <i>not</i> implement suggested changes.	Demonstrates a lack of openness to supervisory feedback & does <i>not</i> implement suggested changes.	Defensive &/or disrespectful when given supervisory feedback.
2.	J	Flexibility & Adaptability	Demonstrates ability to flex to changing circumstance, unexpected events, & new situations.	Demonstrates consistent and strong ability to adapt & "reads-&flexes" appropriately.	Demonstrates consistent ability to adapt & "reads-&flexes" appropriately.	Demonstrated an inconsistent ability to adapt & flex to his or her clients' diverse changing needs.	Demonstrates a limited ability to adapt & flex to his or her clients' diverse changing needs.	Not flexible, demonstrates rigidity in work with clients.
2.	K	Congruence & Genuineness	Demonstrates ability to be present and "be true to oneself"	Demonstrates consistent and strong ability to be genuine & accepting of self & others.	Demonstrates consistent ability to be genuine & accepting of self & others.	Demonstrates inconsistent ability to be genuine & accepting of self & others.	Demonstrates a limited ability to be genuine & accepting of self & others (incongruent).	Incongruent and <i>not</i> genuine

_____ : Total Score (out of a possible 55 points)

Narrative Feedback from Supervising Instructor / Clinical Supervisor

Please note the counselor's or trainee's areas of strength, which you have observed:

Please note the counselor's or trainee's areas that warrant improvement, which you have observed:

Please comment on the counselor's or trainee's general performance during his or her clinical experience to this point:

Counselor's or Trainee's Name (print)

Date

Supervisor's Name (print)

Date

Date CCS was reviewed with Counselor or Trainee – _____

Counselor's or Trainee's Signature

Date

Supervisor's Signature

Date

*** Note. If the supervising instructor / clinical supervisor is concerned about the counselor's or trainee's progress in demonstrating the appropriate counseling competencies, he or she should have another appropriately trained supervisor observe the counselor's or trainee's work with clients to provide additional feedback to the counselor or trainee.**

Appendix D: Forms to Complete Before Internship I & II (CG 596A&B)



Counselor Trainee Extension Form

Online: <http://cswmft.ohio.gov/Portals/0/COUNSELOR/COUNSELOR%20TRAINEE/CTextend.pdf>

Or fill out the form below.



Counselor, Social Worker & Marriage and Family Therapist Board

77 South High Street, 24th Floor, Room 2468
Columbus, Ohio 43215-6171
614-466-0912 & Fax 614-728-7790
www.cswmft.ohio.gov & cswmft.info@cswb.ohio.gov

Counselor Trainee Extension Form

1. Name:					
2. Street Address:		City:	County:	State:	Zip:
3. Daytime Phone:		Email:		CT Registration #:	
4. I changed my LPCC-S: <input type="checkbox"/> Yes <input type="checkbox"/> No I added a LPCC-S <input type="checkbox"/> Yes <input type="checkbox"/> No: If yes, list your new or additional LPCC-S name below					
New Supervisor Name:			License #:		
New supervisor start date:			Email:		
5. I changed my site: <input type="checkbox"/> Yes <input type="checkbox"/> No or; I added a site <input type="checkbox"/> Yes <input type="checkbox"/> No; any yes, list new site name and mailing address below					
6. I 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					
10. My semester or quarter start date is:			End date is:		
Your CT cannot be extended without one of these documents. School Name:					
11. Have you since becoming a CT been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes? This includes crimes that have been expunged, IF there is a direct and substantial relationship to professional counselor practice. Please answer BOTH questions a and b.					
a. A felony in Ohio, another state, commonwealth, territory, province, or country?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? (This does not include traffic violations unless they are DUI/OVI)				Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Are you now addicted to or using in excess, any drug or chemical substance including alcohol?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Are you now being treated for a drug or alcohol addiction or participating in a rehabilitation program?				Yes <input type="checkbox"/> No <input type="checkbox"/>	

2/2014

14. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, 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 professional counselor? Yes No

If you answered "Yes" to questions 11-14, you are required to provide the Board with a written explanation and certified copies of any documents.

15. 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

Clinical Mental Health Program Practicum/Internship Student and Site Information Form

Notification of finding a site must be submitted by **MAY 1** for an internship starting during Fall semester, no later than **DECEMBER 1** for an internship starting during Spring semester, and no later than **APRIL 1** for an internship starting during Summer semester. These deadlines are non-negotiable. Use the online [Clinical Mental Health Program Practicum/Internship Student and Site Information Form](#) to submit this information. A confirmation email of your submission will be sent to you. Keep a copy of this email in your notebook. Failure to submit this by the deadlines indicated above may result in a student being unable to enter the course.

Even if you are staying at the same practicum/internship site you still need to submit this form.

NCE Licensure Exam Request Form

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:

Ms. Rena Elliott, Counselor Licensing Coordinator
77 S. High Street, 24th Floor
Columbus, Ohio 43215-6171
(614) 466-6462 (tel.)
(614) 728-7790 (fax)
rena.elliott@cswb.ohio.gov

Important Information from the National Board of Certified Counselors (NBCC)

Read before submitting your registration.

<http://nbcc.org/Exam/StateLicensureExamRegistration>

- Before registering for the exam, please contact the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (OCSWMFT) at <http://cswmft.ohio.gov/Counselors/LPC/RequestExamApproval.aspx> to learn how to become approved to test. Before you can register with Center for Credentialing and Education (CCE), confirmation of approval from your state board is required. This can take up to 4 weeks or longer. It is recommended that you contact the Board if you do not have a response from the Board after several weeks. Use form [below](#) or at this link:
<http://cswmft.ohio.gov/Portals/0/COUNSELOR/LPC/PCReqExm.pdf>
- The registration processing time is four weeks from the time your payment is processed. You will be notified by e-mail once you are registered. Your exam registration is valid for six months. Please note that many states impose their own eligibility deadlines that may be less than six months.
- Once you receive your exam registration notification from CCE, you can make an appointment to take the exam during the specified testing window. Exam appointments may be scheduled one or more business days in advance. Space at testing locations is limited and available on a first-come-first-served basis.
- If you have a special accommodation request, please submit it to the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board for approval before submitting your exam registration to CCE.
- To reschedule your exam, contact Pearson Vue at least 24 hours prior to your scheduled appointment. There is a \$25 fee to reschedule within seven days of your appointment. You cannot reschedule less than 24 hours prior to your appointment.
- After you schedule your exam, Pearson Vue will send you a confirmation e-mail listing your exam date, your exam time, the address and telephone number of the test center, and directions to the test center.
- Your scores are automatically sent to the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board approximately four weeks after the last day of the testing week. Please check with your state board before requesting a score verification.

If you are unsure of any part of the registration process, please e-mail CCE at exam@cce-global.org before submitting any registration materials or documentation.

Note: 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.



Counselor, Social Worker & Marriage and Family Therapist Board
77 S High St., 24th Flr, Rm 2468 Columbus, Ohio 43215-6171

Licensed Professional Counselor
LICENSURE EXAM REQUEST

General Information

This form is the submittal form required to start the application process for licensure as a LPC.

A. Requirements for Licensed Professional Counselor in Ohio

1. Must hold a graduate degree in counseling from an accredited institution (program must include a 100 hour practicum AND a 600 hour internship as defined in OAC 4757-13-01). For Internship experience, please submit:
 - **Counselor Trainee Initial Application** at the beginning, if CT wanted; and
 - **Internship Supervisor Evaluation Rating Forms** at the end of the experiences.
2. Must complete a minimum of 90 quarter or 60 semester hours of graduate work covering the eleven content areas contained in OAC in rule 4757-13-01 and a minimum of 30 quarter or 20 semester hours of instruction in the following areas:
 - Clinical psychopathology, personality and abnormal behavior;
 - Evaluation of mental and emotional disorders;
 - Diagnosis of mental and emotional disorders;
 - Methods of prevention, intervention of mental and emotional disorders;
 - Treatment of mental and emotional disorders.
3. Pass the National Counselor Exam (NCE).
4. Must be of good moral character.
5. Complete Board's Laws and Rules exam (really more of a law and rule review).
6. Complete criminal records checks both BCI&I and FBI.

B. Endorsement Information

Per OAC 4757-13-06 An applicant requesting licensure as a LPC via endorsement shall:

1. Request a licensure application form for LPC license. Applicants must meet requirements in paragraph A above.
2. Submit a completed license verification form directly from each state board by which they have been licensed.
3. Have official transcript sent directly to the board from the school(s) attended.
4. Provide to the board verification that they meet requirements in paragraph A above.
5. Individuals holding a valid license in another state may be approved via endorsement if they meet the requirements under rule 4757-13-06 of the Administrative Code. Please note that fact on this request form.
6. Examinations taken in other states will be accepted only if they are determined by the counselor professional standards committee to be acceptable to the board and the applicant's individual performance is at a level acceptable to the professional standards committee.

C. Failure to Meet Examination Requirements

If the **Counselor Professional Standards Committee** determines that your degree or license from another state does not meet the requirements of Rule 4757-13-01 or 4757-13-06, you will not be allowed to sit for the exam.

D. First Step of Application Process

Ohio approved programs in your last semester submit a letter from school stating you will graduate this term with this request to take the LPC licensure examination. Non pre-approved programs submit transcript showing conferred degree with this form. Please remember to send school letter or transcript if you email the information below to rena.elliott@cswb.ohio.gov
Applicants for **Endorsement** can request a complete application using the form below or forward that information via email:

Name		Name on Transcript, if different from application name	
Address			
City	State	Zip	
Phone Number during Day		Email	
School Graduated From		States Licensed In & first licensure date, if applicable	

Appendix E: Forms to Complete During Internship I & II (CG 596A&B)



Practicum/Internship Bi-Weekly Log and Supervision Form

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 Supervision Hours to date:
Total Non-Direct Hours to date (*ND*):
Total Direct Hours to date (*D*):

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

NAME, Counselor Trainee

SUPERVISOR

Date

Date

Notebook Outline

In a three-ring binder, with dividers noting the following documents:

1. Practicum/Internship initial-ongoing paperwork
 - Application/Developmental Statement
 - Training Agreement
 - JCU Practicum/Internship Field Agreement
 - Evidence of current CT Status
 - Evidence of current malpractice insurance (1,000,000/3,000,000)
2. Current resume
3. Goal sheets for Practicum/Internship
4. Log sheets and completion forms
5. Case Presentations and rubrics
6. Session Reviews (individual and group)
7. Session Critiques (internship only)
8. Self-assessments (evaluation of experience papers from each semester), self-efficacy data and professional development plan (internship B only)
9. Evaluation of JCU doctoral supervisor (practicum only)
10. Advocacy and Professional activity summaries (internship only)
11. Formal Evaluations, midterm evaluations and grading checklists (make copies of evaluation instruments to turn into instructor)
12. Program evaluations (self and site supervisor – internship B only)
13. Evidence of taking/passing the ethics exam on the website
14. Additional data, e.g. client satisfaction surveys, (internship only)
15. Completed CCS-R forms for each semester

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

Goals for Practicum/Internship

Name of Student _____ Semester _____

Progress of last semester's goals (if applicable) and feedback from supervisors

List one knowledge goal using the SMART format.

Steps and timeline to achieve the goal, what will you do and when?

How will you know when your goal is met?

List one skill goal using the SMART Format

Steps and timeline to achieve the goal, what will you do and when?

How will you know when your goal is met?

SMART goals

S = Specific

M = Measurable

A = Achievable

R = Realistic

T = Time Frame

Student's Signature _____

Site Supervisor's Signature _____

University Supervisor's Signature _____

Instructor's Signature _____

Rubric for Goals for Semester

Student Name _____ Date _____ Course and Semester _____

GOALS & STANDARDS	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
	3	2	1
Evaluation of student's counseling performance throughout the clinical experience CACREP III F5, G6)	Establishes clear goals using SMART format and provides explicit details of a clearly achievable plan for accomplishing those goals based on extensive reflection and informed by multiple feedback sources.	Establishes achievable goals and articulates a plan for accomplishing those goals based on one feedback source.	Fails to adequately articulate goals or plans for achieving them.

Total points _____

Counselor Self-Efficacy Scale

This is **emailed to the student electronically to complete** and a summary report responses is emailed to the student within two weeks. *The survey is shown below for illustrative purposes only.*

General Instructions: The following questionnaire consists of three parts. Each part asks to rate your beliefs about your ability to perform various counselor behaviors and to deal with particular issues in counseling. Please provide your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions.

Name:

Email Address:

Semester:

Course: Instructor:

Part I: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling most clients. When completing these items, please use the 0-9 rating scale, with 0 being equal to no confidence and 9 being equal to complete confidence.

How confident are you that you could use these general skills effectively with most clients over the next week?

Attending (orient yourself physically toward the client)	
Listening (capture and understand the messages that clients communicate)	
Restatements (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear)	
Open Questions (ask questions that help clients to clarify or explore their thoughts or feelings)	
Reflection of Feelings (repeat or rephrase the client's statements with an emphasis on his or her feelings)	
Self-Disclosure for Exploration (reveal personal information about your history, credentials, or feelings)	
Intentional Silence (use of silence to allow clients to get in touch with their thoughts or feelings)	
Challenges (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change)	
Interpretations (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings)	
Self-Disclosure for Insight (disclose past experiences in which you	

gained some personal insight)	
Immediacy (disclose immediate feelings you have about the client, the therapeutic relationship, or yourself in relation to the client)	
Information-Giving (teach or provide the client with data, opinions, facts, resources, or answers to questions)	
Direct Guidance (give the client suggestions, directives, or advice that imply actions for the client to take)	
Role-Play and Behavior Rehearsal (assist the client to role-play or rehearse behaviors in-session)	
Homework (develop and prescribe therapeutic assignments for clients to try out between sessions).	

How confident are you that you could do these specific tasks effectively with most clients over the next week?

Keep sessions "on track" and focused.	
Respond with the best helping skill, depending on what your client needs at a given moment.	
Help your client to explore his or her thoughts, feelings, and actions.	
Help your client to talk about his or her concerns at a "deep" level.	
Know what to do or say next after your client talks.	
Help your client set realistic counseling goals.	
Help your client to understand his or her thoughts, feelings, and actions.	
Build a clear conceptualization of your client and his or her counseling issues.	
Remain aware of your intentions (i.e., the purposes of your interventions) during sessions.	
Help your client to decide what actions to take regarding his or her problems.	

How confident are you that you could work effectively over the next week with a client who...

Is clinically depressed.	
Has been sexually abused.	
Is suicidal.	
Has experienced a recent traumatic life event (i.e., physical or psychological injury or abuse).	
Is extremely anxious.	
Shows signs of severely disturbed thinking.	
You find sexually attractive.	
Is dealing with issues that you personally find difficult to handle.	
Has core values or beliefs that conflict with your own (i.e., regarding religion or gender roles).	
Differs from you in a major way or ways (i.e., race or ethnicity).	
Is not "psychologically-minded" or introspective.	

Is sexually attracted to you.	
You have negative reactions toward (i.e., boredom or annoyance).	
Is at an impasse in therapy.	
Wants more from you than you are willing to give (i.e., in terms of frequency of contacts or problem-solving prescriptions).	
Demonstrates manipulative behaviors in-session.	

Session Critique Outline

The preparation of a written critique of your counseling is an integral part of the supervisory process. The critique should show your thoughtful consideration of the progress of the counseling process with specific attention to:

1. The client's progress toward the resolution of counseling concerns
2. The counselor's progress as the planner and facilitator of the counseling process

A critique is similar to a case study in that it shows evidence of careful observation of your client and thought about the meanings of client behaviors. A critique differs from a case study in that it is a process report wherein the counselor actively seeks formative feedback from the supervisor.

Please use the following headings in the critique you prepare. Content that is suggested within each category is suggestive of things you should include, but each question need not be answered for each session and additional material ought to be included as appropriate. Please type the critique.

Background Information

Why did the client come to counseling? What were the important concerns and circumstances that brought the two of you together? If third parties are involved, what were the observations and concerns of the third party? State significant demographic information such as age, grade in school, employment, family unit, and history that seems relevant to the presenting problem.

Overview of the Session

What did you talk about? What were the dominant issues and themes for this session? If this was a session beyond the initial meeting, what were your process and outcome goals going into the session? Did you make progress with these goals? Did you find it necessary to do something different because of the client's priorities? This section should be fairly brief, leaving details of significant interactions for the following section.

Observations and Diagnostic Assessment

What observations and impressions do you have about your client and his/her life space? How intractable are barriers to growth? How strong are your client's coping skills? What is the etiology of his/her present psychological capacity or incapacity? What is s/he trying to accomplish by various behaviors?

What are the influences of significant others in your client's life? How effectively does your client handle relationships with significant others?

What are your hypotheses about your client that may serve to form your counseling interventions?

Observations About Self

In a typical counseling session, a counselor may experience a variety of emotions such as joy, excitement, tenderness, confusion, anxiety, annoyance, anger, disapproval, boredom, or impatience. Some are pleasant, others are uncomfortable. Some occur even though the counselor wishes they did not. Use this section to attend to your own prominent experiences with the client..

Observations About Your Work With Your Client

Using the main concepts to describe counseling as a process, assess the quality of your work during this session. What did you do that you liked? Disliked?

Also, describe things you did that were new for you and places where you felt stuck or confused.

Plans for Next Session

How do you hope to follow-up in subsequent sessions? What issues and concerns do you think worthwhile to explore? What process goals will you try to accomplish?

Help

What kind of help would you like from your internship supervisor or from fellow students about this client, this session, and your helping efforts? Please be specific about certain incidents within the session, particularly counseling issues, diagnostic questions, etc. Phrases like, "Any help will be appreciated" should be avoided.

Rubric for Session Critique

Student Name _____ Date _____ Course and Semester _____

GOALS & STANDARDS	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
	3	2	1
Reflective Thinking and Supervision of Audio tape CACREP III G5 CACREP II G5d	Student demonstrates thoughtful consideration of the progress of the counseling process with exceptional attention to the client's progress toward the resolution of counseling concerns and the counselor's progress as the planner and facilitator of the counseling process. Student demonstrates careful observation of the client and keen awareness of his/her own reaction to the session. Student is acutely aware of thoughts, feelings, and behaviors that surfaced during the session and demonstrates reflective thinking regarding these responses. Student is able to identify personal issues that may interface with the work. Student forms good hypotheses about the client and is thoughtful about plans for the next session.	Student demonstrates consideration of the progress of the counseling process with attention to the client's progress toward the resolution of counseling concerns and the counselor's progress as the planner and facilitator of the counseling process. Student demonstrates observation of the client and awareness of his/her own reaction to the session. Student is aware of thoughts, feelings, and behaviors that surfaced during the session and demonstrates reflective thinking regarding these responses. Student is able to identify personal issues that may interface with the work. Student forms adequate hypotheses about the client and has corresponding plans for the next session.	Student demonstrates substandard consideration of the progress of the counseling process with little attention to the client's progress toward the resolution of counseling concerns and the counselor's progress as the planner and facilitator of the counseling process. Student demonstrates no observation of the client and awareness of his/her own reaction to the session. Student is unaware of thoughts, feelings, and behaviors that surfaced during the session and demonstrates little reflective thinking regarding these responses. Student is not able to identify personal issues that may interface with the work. Student forms inadequate hypotheses about the client and has no plans for the next session.

Total points _____

Case Report and Treatment Plan

This case report is intended to be a summary of everything you know about the client so far. Integrate the information given to you from the initial assessment with additional information from your counseling sessions. Case reports must be typed and professionally written. Do NOT include any identifiable case information. Make copies for your classmates and shred all when completed.

Client (use initials or fake name) _____ Date _____
Counselor Trainee _____ Number of Sessions _____

A. Brief Demographic Description of Client

Include age, ethnicity, gender, occupation, marital/family status & living situation.

B. Presenting Problem and referral source

C. Assessment of client, including Mental Status Exam, behavioral observations, environmental assessment, and results of appropriate test data

D. History

- Presenting Problem History

Include estimated date of onset and concurrent events; intensity, frequency, and Changes.

- Family History

Past and present - include description of relationships with family members, client's living arrangements, parents' occupations. Include statements affirming/denying family alcoholism, substance abuse, physical or sexual abuse: explain.

- Social Relationship History

Past and present - include statement affirming/denying any unwanted sexual experience, physical abuse, trouble with police: explain.

- Academic/Work History

Past and present

- Medical History

Past and present - include statements affirming/denying any medical conditions, hospitalizations, prescription medicines, problems with eating and/or weight control, problems with substance abuse.

- Counseling History

Briefly describe dates of services: self-help groups & what the client found helpful.

- Client's strengths and support system

E. Diversity, Spirituality and Culture. What diversity issues should be considered in evaluation and treatment planning when working with this client? How are you

adapting your understanding of the presenting problem and your work with this client based on diversity issues?

- F. Clinical Interpretation or Hypothesis/ theoretical conceptualization.. Based on the assessment of the presenting problem, background information and your theoretical approach, provide your view of the problem in theoretical terms and link to the presenting problem. Describe patterns leading to the summary of the presenting problem and provide possible causes.
- G. Diagnosis – List the DSM V diagnosis. Include both the name of the diagnosis and the code number. Make sure to use any appropriate specifiers.
- H. Treatment goals/plan. Short and long term Goals, Objectives stated in terms of expected and ideal levels of outcome. How will the client change for the better? How will you measure outcomes? It is important that your treatment goals/objectives are clear and measurable (e.g. client will increase positive self-talk from a 4 to a 6 on a 10 point scale by 3/3/11)
- I. Literature Search: What does the literature have to say about evidenced-based treatment of the presenting problem(s)? Provide references to articles/research that helped guide your treatment and discuss how you integrated literature into your treatment.
- J. Interventions. What strategies/interventions/techniques have you implemented or plan to implement with this client and rationale? Are they evidenced-based for the client's presenting problem? How are they tied to the treatment plan?
- K. Ethical & Legal issues. Which of the ethical principles and legal considerations of counselors are relevant or could be relevant to this case?
- L. Technology. Use of technology in evaluation, treatment, or service delivery.
- M. Personal reaction/reflection. What feelings/thoughts do you have about this case. What issues were triggered or could be triggered for you? Reflect on your counseling experience, the emerging challenges and the successes.
- N. Feedback. What concerns do you have about this case? What kind of help/feedback would you like from the group?

Rubric for CG 596A Case Presentation

Student Name _____ Date _____ Course and Semester _____

GOALS & STANDARDS	EXCEEDS EXPECTATIONS (for mid-internship level)	MEETS EXPECTATIONS (for mid-internship level)	DOES NOT MEET EXPECTATIONS (for mid-internship level)
	3	2	1
Reflective Thinking and ethical/legal issues CACREP II G5d CMHC A2, B1	Demonstrates exceptional insight and thoughtful description of the experience, the ethical/legal issues & challenges and the successes.	Provides description of the experience, the ethical/legal challenges and successes.	Minimal description of the experience, ethical/legal challenges and successes.
Integration of Counseling Theory into Case Conceptualization CACREP II G5d, CMHC C7	Discusses two or more related theoretical constructs exceptionally well and makes strong links to presenting problem.	Discusses at least one theoretical construct and makes some link to presenting problem.	Link to theory incomplete or vague with little or no supporting details for link to presenting problem.
Diagnosis/Assessment of Presenting Problem CMHC L1,2 CMHCD1, G2, K2,3,	Detailed description of consistencies of patterns leading to a summary of the problem; describes possible causes. Accurate DSM V diagnosis based on evidence.	Describes patterns leading to the summary of the problem and describes possible causes. Adequate diagnoses based on some evidence.	Does not identify patterns leading to the problem; does not describe possible causes, inaccurate diagnosis based on minimal evidence.
Literature Integration and Synthesis CMHC J1	Include data from 2 or more relevant and recent sources and demonstrates how the literature guided the counseling process.	Included data from 1 or more relevant sources and some evidence of integration of the literature in guiding the counseling process.	No evidence of literature search.
Treatment Goals/Plan CMHC D7	Short and long-term goals clearly tied to presenting problem and evidence-based treatment.	Short and long term goals; vaguely tied to presenting problem and evidence-based treatment.	Treatment goals are vague with no connection to presenting problem and evidence-based treatment.
Openness to Diversity Issues and Ability to Work with Diverse Populations CACREP II G2d, G5d, CMHC D2,4 F3, H1	Strong evidence of openness, understanding, and ability to work with diverse populations.	Some evidence of openness and/or understanding and ability to work with diverse populations.	Limited evidence of openness, understanding and ability to work with diverse populations.

Interventions CACREP II G5d, CMHC H1	Detailed summary of strategies and techniques implemented or intention to implement; interventions are evidenced-based and tied to treatment plan	Some discussion of strategies and techniques implemented or plan for implementation and tied to treatment plan.	No discussion of interventions or plan for interventions.
Writing Skills CMHC D7	Paper is prepared in proper APA format, nearly error-free (spelling and grammar), well written and concise. Professional language is used throughout.	Paper mostly follows proper APA format with minimal errors, writing is average.	Paper does not follow APA format, includes many errors, and is poorly written.
Case presentation CACREP III F5	Very well presented, exceptionally clear and concise. Very well prepared, led a very good discussion and open to feedback	Well presented, clear and concise. Well prepared, led a good discussion and open to feedback	Not well presented, unclear, unprepared. Little class discussion and not open to feedback.
Progress in Development towards becoming a competent counselor CACREP III F5	Superior development towards becoming a competent counselor for what would be expected for mid-internship level	Demonstrates adequate development toward becoming a competent counselor for what should be expected for mid-internship level	Demonstrates substandard development toward becoming a competent counselor at mid-internship level and there is need for remediation

Total points _____

Rubric for CG 596B Case Presentation

Student Name _____ Date _____ Course and Semester _____

GOALS & STANDARDS	EXCEEDS EXPECTATIONS (for final internship level)	MEETS EXPECTATIONS (for final internship level)	DOES NOT MEET EXPECTATIONS (for final internship level)
	3	2	1
Reflective Thinking ethical/legal issues CACREP II G5d CMHC A2, B1	Demonstrates exceptional insight and thoughtful description of the counseling experience, the ethical/legal challenges and the successes as expected from a professional counselor.	Provides description of the counseling experience, the ethical/legal challenges and successes as expected from a professional counselor.	Minimal description of the experience, ethical/legal challenges and successes.
Integration of Counseling Theory into Case Conceptualization CACREP II G5d, CMHC C7	Discusses two or more related theoretical constructs exceptionally well and makes strong links made to presenting problem.	Discusses at least one theoretical construct and makes some link to presenting problem.	Link to theory incomplete or vague with little or no supporting details for link to presenting problem.
Diagnosis/Assessment of Presenting Problem CMHC L1,2 CMHCD1, G2, K2,3,	Detailed description of consistencies of patterns leading to a summary of the problem; describes possible causes. Accurate DSM V diagnosis based on evidence.	Describes patterns leading to the summary of the problem and describes possible causes. Adequate diagnoses based on some evidence.	Does not identify patterns leading to the problem; does not describe possible causes, inaccurate diagnosis based on minimal evidence.
Literature Integration and Synthesis CMHC J1	Include data from 2 or more relevant and recent sources and demonstrates how the literature guided the counseling process.	Included data from 1 or more relevant sources and some evidence of integration of the literature in guiding the counseling process.	No evidence of literature search.
Treatment Goals/Plan CMHC D7	Short and long-term goals clearly tied to presenting problem and evidence based treatment.	Short and long term goals; vaguely tied to presenting problem and evidence-based treatment.	Treatment goals are vague with no connection to presenting problem and evidence based treatment.

Openness to Diversity Issues and Ability to Work with Diverse Populations CACREP II G2d, G5d, CMHC D2, 4, F3, H1	Strong evidence of openness, understanding, and ability to work with diverse populations.	Some evidence of openness and/or understanding and ability to work with diverse populations.	Limited evidence of openness, understanding and ability to work with diverse populations.
Interventions CACREP II G5d, CMHC H1	Detailed summary of strategies and techniques implemented or intention to implement; interventions are evidenced based and tied to treatment plan	Some discussion of strategies and techniques implemented or plan for implementation and tied to treatment plan.	No discussion of interventions or plan for interventions.
Writing Skills CMHC D7	Paper is prepared in proper APA format, nearly error-free (spelling and grammar), well written and concise. Professional language is used throughout.	Paper mostly follows proper APA format with minimal errors, writing is average.	Paper does not follow APA format, includes many errors, and is poorly written.
Case presentation CACREP III F5	Very well presented, exceptionally clear and concise. Very well prepared, led a very good discussion and open to feedback	Well presented, clear and concise. Well prepared, Led a good discussion and open to feedback	Not well presented, unclear, unprepared. Little class discussion and not open to feedback.
Progress in Development towards becoming a competent counselor CACREP III F5	Superior development towards becoming a competent counselor for what would be expected by a professional counselor	Demonstrates adequate development toward becoming a competent counselor for what should be expected by a professional counselor	Demonstrates substandard development toward becoming a competent counselor at final internship level and there is need for remediation

Total points _____

Client Satisfaction Survey

Name of Counselor _____

Semester/year _____

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

Indicate the extent to which you AGREE or DISAGREE with each of the statements below.

Strongly disagree (1) Disagree (2) Neither agree or disagree (3) Agree(4) 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

Internship Grading Checklist for CG 596A

Name _____ CG 596B Instructor _____ Semester _____

Points

- _____ Notebook up to date (completed 1, not completed 0)
- _____ Session Critique (see rubric 1-3)
- _____ Site visit (completed 1, not completed 0)
- _____ Professional Goals (see rubric 1-3)
- _____ Case Presentation (see rubric 1-30)
(Minimum score accepted 20)
- _____ Professional activity (completed 1, not completed 0)
- _____ Weekly activity on Blackboard (1 completed, 0 not completed)
(must have at least 10 posts)
- _____ Evaluation of experience paper (see rubric 1-3)
- _____ Attendance & Participation (completed 5, not completed 0)
- _____ Self-efficacy survey completed (completed 1, not completed 0)
- _____ Five session reviews (completed 5, not completed 0)
- _____ Site supervisor mid-term evaluation of Counselor Trainee (completed 1,
not completed 0)
- _____ Formal evaluation from instructor (completed 1, not completed 0)
- _____ Completion of CCS-R (completed 10)

- _____ Total points (must have 53 points to pass course)

Internship Grading Checklist for CG 596B

Name _____ CG 596B Instructor _____ Semester _____

Points

- _____ Notebook complete (completed 1, not completed 0)
- _____ Session Critique (see rubric 1-3)
- _____ Site visit (completed 1, not completed 0)
- _____ Professional Goals (see rubric 1-3)
- _____ Case Presentation (see rubric 1-30)
(Minimum score accepted 20)
- _____ Advocacy activity (completed 1, not completed 0)
- _____ Session Reviews (completed 5, not completed 0)
- _____ Self-efficacy survey (completed 1, not completed 0)
- _____ Weekly activity on Canvas (completed 1, not completed 0)
(must have at least 10 posts)
- _____ Evaluation of experience paper (see rubric 1-3)
- _____ Attendance & Participation (completed 5, not completed 0)
- _____ Log and Internship Completion form (completed 1, not completed 0)
- _____ State of Ohio Internship Supervisor Rating Form sent to state
(completed 1, not completed 0)
- _____ 2 Program evaluation forms (supervisor and your evaluation) -completed 2
- _____ Your evaluation of your site (completed 1, not completed 0)
- _____ Formal evaluation from instructor (completed 1, not completed 0)
- _____ Five client satisfaction surveys (completed 1, not completed 0)
- _____ Completion of CCS-R (completed 10)
- _____ Professional Development Plan (completed 1, not completed 0)
- _____ Total points (must have 59 points to pass course)

Session Review Form

John Carroll University
Clinical Mental Health Counseling Program

PAGE 1 OF 2

Student Name _____ Date of Session _____
Date Reviewed _____ Supervisor's Name _____ Session # _____

Instructions: This page should be filled out by the student's supervisor. Please rate the student on the below criteria regarding the student's use of clinical skills when working with a specified case.

Please rate each of the following categories: E 3 Exceeds Expectations M 2 Meets Expectations D 1 Does not meet Expectations

Motivational Interviewing Techniques

Open Ended Questions	E3	M2	D1
Affirmations	E3	M2	D1
Reflections	E3	M2	D1
Summarizations	E3	M2	D1

Basic Clinical Skills

Warmth, respect, positive regard, genuineness	E3	M2	D1
Attending skills utilized	E3	M2	D1
Connecting, linking	E3	M2	D1
Use of evidenced based interventions	E3	M2	D1
Refrains from lecturing and advice giving	E3	M2	D1
Empathy	E3	M2	D1
Silence used effectively	E3	M2	D1

Use of self

Congruent body language (eye contact, posture, etc.)	E3	M2	D1
Congruent voice, tone, and pace	E3	M2	D1
Professional demeanor and presentation	E3	M2	D1

Planning & Structure of Session

Evidence of planning for the session	E3	M2	D1
Opening of the session well implemented	E3	M2	D1
Treatment goals clear	E3	M2	D1
Closing was on time and well implemented	E3	M2	D1

Multicultural Competency

Open to gaining cultural knowledge	E3	M2	D1
Respectful of client's personal values & beliefs	E3	M2	D1

Total Points ____/63

Session Review Form

John Carroll University
Clinical Mental Health Counseling Program

PAGE 2 OF 2

Student Name _____ Date of Session _____

Date Reviewed _____ Supervisor's Name _____ Session # _____

Instructions: The top portion of this page should be filled out by the student prior to meeting with the supervisor.

Strengths _____

Areas for Improvement _____

Theoretical orientation _____. How did you apply this theoretical orientation to this case _____

Feedback requested from Supervisor _____

Instructions: The bottom portion of this form should be filled out by the supervisor during the supervision meeting with the student. The last question should be answered by the supervisor and the student.

Strengths _____

Areas for Improvement _____

Supervisor and Supervisee's Plan of Action

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

Rubric for Evaluation of Experience Paper

Student Name _____ Date _____ Course and Semester _____

GOALS & STANDARDS	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
	3	2	1
<p>Self reflection and self care</p> <p>CACREP II G1d, CMHC D9)</p>	<p>The student provides an insightful, balanced, and comprehensive articulation of individual strengths and challenges. Specific and meaningful examples tied to professional literature and coursework are shared. The student's evaluation reflects a deep and clear understanding of the impact of personal development and growth on becoming a counselor.</p>	<p>The student provides an articulation of individual strengths and challenges. Examples are provided and are tied to the professional literature or course work. The student's evaluation reflects some understanding of the relationship of the impact of personal development and growth on becoming a counselor.</p>	<p>The student fails to mention strengths and challenges. The student fails to articulate the relationship of personal development and growth on becoming a counselor.</p>

Total points _____

Appendix F: Forms to Complete by the End of Internship I (CG 596A)



Clinical Mental Health Internship Midway Evaluation

Name of Student _____ Course name/semester/year _____

Name of Supervisor _____ Site of placement _____

Strengths of student

Areas needing attention

Suggestions for next semester

Help needed from University instructor to assist placement

Student's comments

Student

Supervisor

Date

Practicum/Internship Formal Evaluation by Instructor

John Carroll University
Clinical Mental Health Counseling Program

Name of Student _____ Course name/semester/year _____

Name of Instructor _____ Site of placement _____

Strengths of student

Areas needing attention

Assessment of Notebook

Contribution to Class

Suggestions/Recommendations

Student's comments

Student

Instructor

Date

Appendix G: Forms to Complete by the End of Internship II (CG 596B)



Practicum/Internship Formal Evaluation by Instructor

John Carroll University
Clinical Mental Health Counseling Program

Name of Student _____ Course name/semester/year _____

Name of Instructor _____ Site of placement _____

Strengths of student

Areas needing attention

Assessment of Notebook

Contribution to Class

Suggestions/Recommendations

Student's comments

Student

Instructor

Date

Internship Completion Form
 John Carroll University
 Clinical Mental Health Counseling Program

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

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

Internship Supervisor Evaluation Rating Form

Notes:

- 1) This form is an Active PDF file, and can be found at <http://cswmft.ohio.gov/Portals/0/COUNSELOR/COUNSELOR%20TRAINEE/PC-SupvIntEval.pdf>. Just click on a section or check box to enter your information , indicating 600 hours of supervised experience, then print.
- 2) This form must be returned within 30 days of completion of the internship.
- 3) This form **MUST** be put in an envelope with the Supervisor's signature across the seal and then sent to the Board. Send the form certified with receipt to ensure delivery.
- 4) This is the **ONLY** form that goes to the Board for Internship.

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:

- 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. 1 2 3 4
- 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 & PCC-S License # (Printed Clearly) _____ / _____ / _____
Month Day Year

Supervisor's Signature _____ / _____ / _____
Month Day Year

Supervisor's Degree and License _____ Supervisor's Title _____

Program Evaluation Form

John Carroll University

Clinical Mental Health Counseling Program

A new Program Evaluation is currently being designed for students, site supervisors, and employers of John Carroll University graduates. It will be posted here by the end of the Spring 2016 semester.

Professional Development Plan

for Continuous Development as a Professional Counselor

Name _____ Date _____

Based on your self-evaluations and feedback from colleagues, instructors and supervisors, list three professional goals that you intend to work towards in the next year to continue your development. (Write them in the SMART format: specific, measureable, attainable, realistic, and timely). What will you do, how will you do it, and how will you know you achieved it?

1.

2.

3.

Student Internship Site Evaluation

John Carroll University
Clinical Mental Health Counseling Program

PAGE 1 OF 2

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

Name: _____ Internship Site: _____

Dates of placement: _____

Internship Site Supervisor: _____

Rate the following questions about your 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 Internship Instructor.
- ___ Relevance of 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 internship site, using the same scale:

- ___ Overall evaluation of internship site.
- ___ Other _____

Student Internship Site Evaluation

John Carroll University

Clinical Mental Health Counseling Program

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 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.

Professional Counselor Licensure Requirements

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 (LPC)
 - Successful completion & Graduation from JCU Clinical Mental Health Program
 - Passing the NCE Licensure Exam
2. Professional Clinical Counselor (LPCC)
 - An accumulated 3000 hours of clinical experience as a PC (must be supervised by a LPCC-S)
 - Passing the NCMHCE Licensure Exam
3. Professional Clinical Counselor with Supervision Designation (LPCC-S)
 - Hold a LPC for three years and at least one year post LPCC 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/Counselors.aspx>

Step-By-Step Process for Applying for the LPC 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/Portals/0/COUNSELOR/COUNSELOR%20TRAINEE/PC-SupvIntEval.pdf> (see [here](#) in this Handbook)
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/BCIFBIBackgroundChecks.aspx>
5. PC licensure application, notarized, with fee.
<http://cswmft.ohio.gov/Portals/0/COUNSELOR/LPC/PCReqExm.pdf>

6. Complete the board's online Laws and Rules Exam:
<https://apps.cswmft.ohio.gov/exam/>

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.ohio.gov.

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. (<http://cswmft.ohio.gov/Portals/0/COUNSELOR/LPC/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://www.nbcc.org/Certification/CertificationorLicensure>
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 (<http://www.nbcc.org/InnerPageLinks/ContentCoveredInTheNCE>)
You should receive results within a few minutes after taking the exam regarding your scoring.

Licensed Professional Counselor Licensure Exam Request

<http://cswmft.ohio.gov/Portals/0/COUNSELOR/LPC/PCReqExm.pdf>



Counselor, Social Worker & Marriage and Family Therapist Board

77 S High St., 24th Flr, Rm 2468 Columbus, Ohio 43215-6171

Licensed Professional Counselor

LICENSURE EXAM REQUEST

General Information

This form is the submittal form required to start the application process for licensure as a LPC.

A. Requirements for Licensed Professional Counselor in Ohio

1. Must hold a graduate degree in counseling from an accredited institution (program must include a 100 hour practicum AND a 600 hour internship as defined in OAC 4757-13-01). For Internship experience, please submit:
 - Counselor Trainee Initial Application at the beginning, if CT wanted; and
 - Internship Supervisor Evaluation Rating Forms at the end of the experiences.
2. Must complete a minimum of 90 quarter or 60 semester hours of graduate work covering the eleven content areas contained in OAC in rule 4757-13-01 and a minimum of 30 quarter or 20 semester hours of instruction in the following areas:
 - Clinical psychopathology, personality and abnormal behavior;
 - Evaluation of mental and emotional disorders;
 - Diagnosis of mental and emotional disorders;
 - Methods of prevention, intervention of mental and emotional disorders;
 - Treatment of mental and emotional disorders.
3. Pass the National Counselor Exam (NCE).
4. Must be of good moral character.
5. Complete Board's Laws and Rules exam (really more of a law and rule review).
6. Complete criminal records checks both BCI&I and FBI.

B. Endorsement Information

Per OAC 4757-13-06 An applicant requesting licensure as a LPC via endorsement shall:

1. Request a licensure application form for LPC license. Applicants must meet requirements in paragraph A above.
2. Submit a completed license verification form directly from each state board by which they have been licensed.
3. Have official transcript sent directly to the board from the school(s) attended.
4. Provide to the board verification that they meet requirements in paragraph A above.
5. Individuals holding a valid license in another state may be approved via endorsement if they meet the requirements under rule 4757-13-06 of the Administrative Code. Please note that fact on this request form.
6. Examinations taken in other states will be accepted only if they are determined by the counselor professional standards committee to be acceptable to the board and the applicant's individual performance is at a level acceptable to the professional standards committee.

C. Failure to Meet Examination Requirements

If the Counselor Professional Standards Committee determines that your degree or license from another state does not meet the requirements of Rule 4757-13-01 or 4757-13-06, you will not be allowed to sit for the exam.

D. First Step of Application Process

Ohio approved programs in your last semester submit a letter from school stating you will graduate this term with this request to take the LPC licensure examination. Non pre-approved programs submit transcript showing conferred degree with this form. Please remember to send school letter or transcript if you email the information below to rena.elliott@cswb.ohio.gov
Applicants for Endorsement can request a complete application using the form below or forward that information via email:

Name		Name on Transcript, if different from application name	
Address			
City	State	Zip	
Phone Number during Day		Email	
School Graduated From		States Licensed In & first licensure date, if applicable	