Counseling & Development   
Clinical Mental Health Counseling Site Application

*This application is designed to secure information regarding practicum and internship sites for graduate students in the Counseling and Development program at TWU. We appreciate your assistance in providing the information requested for all items.*

**Date**:   /  /

**CLINICAL SITE DATA**

| | **Agency** |  | **URL/Web Address** |  | | --- | --- | --- | --- | |
| --- | --- | --- | --- | --- |

| **Name of** |  | **Position** |  |
| --- | --- | --- | --- |
| **Respondent** |  | **Title** |  |

| **Address** |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Street/Number | City | State | Zip Code |

| **Contact** | (     )-     - |  |
| --- | --- | --- |
|  | Work Phone | E-mail Address |

**Approximate percentage of clients in the following categories:**

| ***Modality:*** | % | % | % | % | % |
| --- | --- | --- | --- | --- | --- |
| *(Sum=100%)* | Individual | Couples/Family | Group | Play Therapy | Adolescent |

|  |  | | |  | |  | |  | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | |  | |  | |  | |
|  |  | |  | |  | |  | |  | | |
| ***Population Specifics:*** | |  | | | | | | | | | |
|  | | *(Description of types of clients and issues served)* | | | | | | | | | |

**Does your agency provide?**

|  | ☐ Short Term Counseling  (8 sessions or less) | ☐ Long Term Counseling (8+ sessions) | ☐ Both |
| --- | --- | --- | --- |

Will your site provide weekly client contact hours that fulfill program requirements (3-5 for practicum; 8-10 for internship). \*Note: students are NOT responsible for securing clients.

|  | ☐ Yes | ☐ No |  |
| --- | --- | --- | --- |

Will your site be able to accommodate multiple TWU students on a regular basis?

|  | ☐ Yes | ☐ No |  |
| --- | --- | --- | --- |

Will students be able to obtain play therapy experience with a supervisor trained in play therapy?

|  | ☐ Yes | ☐ No |  |
| --- | --- | --- | --- |

Will students be able to obtain group counseling experience at your site?

|  | ☐ Yes | ☐ No |  |
| --- | --- | --- | --- |

Are there policies or philosophical orientations which help define your agency or characterize your services?

|  | ☐ Yes | ☐ No |
| --- | --- | --- |

| ***If “Yes”, please describe:*** |  |
| --- | --- |

TWU students cannot be discriminated against nor can they discriminate against clients based on personal values and beliefs, race, age, color, religion, sex, sexual orientation, gender identity or expression, national or ethnic origin, veteran’s status, genetic information or against qualified individuals with disabilities.

Will your site comply with TWU’s nondiscrimination policy?

|  | ☐ Yes | ☐ No |
| --- | --- | --- |

Are there counseling approaches favored by your agency or supervisors (e.g., trauma-based, cognitive therapy, family systems)?

|  | ☐ Yes | ☐ No |
| --- | --- | --- |

| ***If “Yes”, please describe:*** |  |
| --- | --- |

**Does your agency require a specific time commitment from students?**

|  | ☐ 1 semester | ☐ 2 semesters | ☐ 3 semesters |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ☐ Required | ☐ Preferred |  |  |  |
|  |  |  | | | |

**Please Note:** As part of their course requirements and compliance with accreditation standards, students are required to provide TWU faculty with video recordings of their interactions with clients for supervision purposes.

Does your agency allow confidential video recordings of counseling sessions for purposes of student counseling supervision?

|  | ☐ Yes | ☐ No |
| --- | --- | --- |

If yes, will you provide training and ensure that students utilize HIPAA compliant programs, platforms & devices?

|  | ☐ Yes | ☐ No |
| --- | --- | --- |

**Telehealth**

Students may only offer counseling services from their approved site location. If telehealth services are made available to clients, students must receive telehealth training prior to offering those services. Will your agency comply with telehealth guidelines?

|  | ☐ Yes | ☐ No |
| --- | --- | --- |

**SITE SUPERVISOR DATA**

Any supervisor who provides weekly individual or triadic supervision must have the following qualifications: a minimum of a master’s degree in counseling or related field or Licensed Professional Counselor license with a minimum of two years of pertinent professional experience.

The primary site supervisor must have the following qualifications:

* A minimum of a master’s degree in counseling or a related profession with equivalent qualifications
* Full licensure within their mental health field (i.e., LPC, LMFT, LCSW, etc.)
* A minimum of two years post-master’s professional experience in clinical mental health counseling
* Relevant training in supervision
* Be present at the site where a student will obtain hours or make available an on-site supervisor with equal qualifications. At all times, students must have access to an on-site supervisor that meets primary supervisor qualifications.
* Demonstrate and model professionalism standards of responsibility, competence, maturity, and integrity

Please provide the following information regarding the staff member who would serve as the primary on-site supervisor for practicum students or interns placed at your site as well as any additional staff members who may provide supervisory direction and support for our students.

**Supervisor # 1 (Primary Supervisor):**

| **Name** |  |  |  |
| --- | --- | --- | --- |
|  | (First) | (Middle) | (Last) |

| **Agency** |  | | | **Position** |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | **Title** |  |
| **Highest** | |  | **Degree** | |  |
| **Degree Held** | |  | **Major** | |  |

**Describe training in supervision (year, location, type, contact)   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **No. of years experience in the counseling field** |  |
| --- | --- |

| **License(s)** |  | **License #** |  | **Date Issued** |  | **Expiration Date** |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificate(s)** |  | **Cert #** |  | **Date Issued** |  | **Expiration Date** |  |

|  |  |
| --- | --- |

**Supervisor # 2 (Please list information for the person with Primary Supervisor qualifications that will be on-site with when Primary supervisor is not available):**

| **Name** |  |  |  |
| --- | --- | --- | --- |
|  | (First) | (Middle) | (Last) |

| **Agency** |  | | | **Title** |  | |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  |  | |
| **Highest** | |  | **Degree** | | |  |
| **Degree Held** | |  | **Major** | | |  |

| **No. of years experience in the counseling field** |  |
| --- | --- |

| **License(s)** |  | | **License #** |  | **Date Issued** |  | **Expiration Date** |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificate(s)** |  | | **Cert #** |  | **Date Issued** |  | **Expiration Date** |  |
|  | |  | | | | | | |

**SUBMISSION INSTRUCTIONS**  
   
After reviewing the Site Application Letter, complete and sign this form and email the application materials to: [lmuro1@twu.edu](mailto:lmuro1@twu.edu).

Your signature indicates that the information included on this application is truthful, accurate and in agreement to the terms outlined in the **Site Application Letter.**

| **Supervisor Signature** |  |
| --- | --- |
|  |  |

Thank you for your willingness to provide clinical experiences for our students!