WASHINGTON ADVENTIST UNIVERSITY

MASTERS IN COUNSELING PSYCHOLOGY CLINICAL INTERNSHIP AGREEMENT

THIS AGREEMENT, entered into on the _____ (day) of __________ (month), 20___, by and between the Washington Adventist University Department of Psychology Counseling Program, hereinafter called the “UNIVERSITY,” and ___________________________, hereinafter called “INTERNSHIP SITE.”

Whereas INTERNSHIP SITE is able to provide supervised field experience for graduate students in the Counseling Psychology Program in the Department of Psychology at Washington Adventist University, and;

WHEREAS, this experience would further the professional training of such students, and;

WHEREAS, INTERNSHIP SITE believes the services to be provided by the students as part of their learning experience would be of benefit to INTERNSHIP SITE, and;

WHEREAS, it is to the mutual benefit of the parties hereto that students of the UNIVERSITY use the counseling facilities of the INTERNSHIP SITE for their INTERNSHIP experience.

NOW THEREFORE, in consideration of the covenants, conditions and stipulations hereinafter expressed and in consideration of the mutual benefits to be derived there from, the parties hereto agree as follows:

RESPONSIBILITIES OF THE UNIVERSITY

(1) The UNIVERSITY shall designate in writing a faculty member to serve as liaison to the INTERNSHIP SITE.

(2) The UNIVERSITY shall complete periodic evaluations of the student regarding his/her performance at the INTERNSHIP SITE.

(3) The UNIVERSITY will assure that the student shall be eligible for INTERNSHIP only after satisfactory completion in all required courses and field experiences.

(4) The UNIVERSITY will assure that acceptance as an INTERNSHIP student will be based on an application review and personal interview process by and on the approval of the UNIVERSITY and INTERNSHIP SITE.

(5) The UNIVERSITY will assure that the student will participate in the INTERNSHIP program for the period of __________ to __________.

RESPONSIBILITIES OF THE STUDENT

(1) The student will conform to the administrative policies, standard and practices of the INTERNSHIP SITE and to the ethical and legal standards of the counseling profession.

(2) The student shall identify himself/herself to the public as a “Counseling Psychology Student” or Counseling Psychology Trainee.”

(3) The student will provide his/her own transportation to the INTERNSHIP SITE.

(4) The student will obtain prior written approval of the INTERNSHIP SITE and the UNIVERSITY before publishing any materials related to the INTERNSHIP experience.

(5) The student, in collaboration with the supervising licensed mental health professional at the INTERNSHIP SITE, will set times, location and responsibilities of the INTERNSHIP experience.
(6) The student will provide supervising licensed mental health professional with copies of syllabi for courses requiring assignments in the INTERNSHIP SITE.

(7) The student will provide the licensed mental health professional with a copy of the program articulated Visions and Outcomes as well as the recommended Continuum of Field Experiences.

(8) The student, in collaboration with the licensed mental health professional at the INTERNSHIP SITE and the UNIVERSITY staff member, will plan activities in each area included in the Program’s Visions and Outcomes.

(9) The student will demonstrate and document a wide variety of competencies, as required for the Counseling Psychology credential, and consistent with the Program’s Visions and Outcomes and Maryland’s Department of Health and Mental hygiene Standards.

(10) The student will NOT provide services beyond the limitations if their competencies.

(11) The student in collaboration with the licensed mental health professional at the INTERNSHIP SITE and the UNIVERSITY faculty member will integrate course requirements in the INTERNSHIP experience.

(12) The student will obtain a written evaluation of performance from the INTERNSHIP SITE supervisor at least once a month according to the scheduled established by the UNIVERSITY faculty member. This written evaluation is required prior to posting a grade for the INTERNSHIP course.

(13) The student will notify INTERNSHIP SITE of illness, accident or any other situation which does not allow the student to meet the prearranged program at the INTERNSHIP SITE.

(14) The student will inform the UNIVERSITY of any changes in the on-site schedule.

(15) Students and faculty advisors are advised to conduct a thorough investigation of the potential INTERNSHIP SITE to determine any unique or unusual personal safety issues which may be present.

**RESPONSIBILITIES OF INTERNSHIP SITE**

(1) The INTERNSHIP SITE will provide opportunities for the student to develop a broad and diverse role, including development of professional competence, in for example, assessment, intervention, counseling and consultation.

(2) The INTERNSHIP SITE will provide opportunities for the student to develop professional and cultural competencies in individual, group and family counseling with clients of diverse population, ages, disabilities and cultures.

(3) The INTERNSHIP SITE will advise the UNIVERSITY of any personal safety issues, concerns or requirements that are pertinent to the location or specific area in which the student will be assigned.

(4) The INTERNSHIP SITE will accept no more graduate students from the UNIVERSITY than the INTERNSHIP SITE staff, space and program permit; and except in pre-negotiated circumstances, any one supervisor will provide concurrent supervision with no more than two graduate students.

(5) The INTERNSHIP SITE will provide the student with a thorough orientation to the INTERNSHIP SITE administrative policies, standards and practices and other field experience competencies as outlined by the UNIVERSITY.

(6) The INTERNSHIP SITE will designate one licensed mental health professional who has at least two years experience in counseling to serve as the primary supervisor.

(7) The INTERNSHIP SITE will assure that the designated supervisor will serve as a model counselor engaging in broad and diverse service delivery.
(8) The INTERNSHIP SITE agrees that the designation of a supervisor is subject to the approval of the UNIVERSITY.

(9) The INTERNSHIP SITE supervisor will evaluate student competencies, oversee all student professional activities in agency related business, and provide guidance throughout the student's professional growth.

(10) The INTERNSHIP SITE supervisor, in collaboration with the UNIVERSITY faculty, will complete periodic evaluations of the student's performance.

(11) The INTERNSHIP SITE assures that the student will receive face-to-face supervision for a minimum of one hour for every day of the INTERNSHIP experience.

(12) The INTERNSHIP SITE may notify in writing to the UNIVERSITY, the desire to terminate or cancel any student who performance is unsatisfactory, whose personal characteristics prevent relationships within the INTERNSHIP SITE, or whose health status is detrimental to his/her successful completion of the INTERNSHIP. Prior to cancellation or termination the INTERNSHIP SITE and the UNIVERSITY will consult about proposed action.

(13) The INTERNSHIP SITE will advise the University of any personal safety issues, concerns or requirements that are pertinent to the location or specific area in which the student will be assigned.

INSURANCE

(1) Each clinical counseling student in the MA program will purchase their own liability insurance through the American Psychological Association or the American Counseling Association. A student will show proof of their certificate of liability to their supervisor before starting the internship.
TERM AND TERMINATION OF AGREEMENT

The term OF THIS AGREEMENT SHALL EXTEND FROM ____________, 20__ through ____________, 20__. This experience is to be at least ____________ day(s) per week (specify days and times: ____________). INTERNSHIP requires 600 hours of student counseling experience supervised by a licensed mental health professional.

THIS AGREEMENT may be terminated by either the UNIVERSITY or the INTERNSHIP SITE with two weeks (14 business days) prior written notice; unless all three parties agree to earlier termination.

IN WITNESS WHEREOF, the parties have cause this Agreement to be signed in their behalf by their duly authorized representatives on the day and year first above written.

FOR THE AGENCY

Supervising Licensed Mental Health Professional

Signature ______________________________________
Name ______________________________________
Date ______________________________________

Best Address for Communication:
________________________________________
________________________________________

Participating Agency Site

Agency ______________________________________
Address ______________________________________
Agency Designee

Signature ______________________________________
Name (print) ______________________________________
Date ______________________________________

Best Phone(s) ______________________________________
Email address; ______________________________________

FOR WASHINGTON ADVENTIST UNIVERSITY

Student(s)

Signature ______________________________________
Name ______________________________________
Date ______________________________________

Signature ______________________________________
Name ______________________________________
Date ______________________________________

Professional Counseling Psychology Program

Grant Leitma, Ph.D __________
Clinical Internship Program Director __________

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