



Department of Counseling & Student Affairs
Clinical Mental Health / Marriage, Couple, & Family
Practicum / Internship Site & Supervision Contract

Student Information

Table with 4 columns: Name, Address, Topper Email, Program, WKU ID (800#), City, State, Zip, Cell Phone, Faculty Advisor

Clinical Term & Site Information

Prac/Internship Term Year
Contract Dates: From To
Site Name and Address
Site Supervisor & Credentials
Faculty Supervisor/Instructor
Site Visit Completed

Site & Supervision Student and Site Supervisor Informed Consent

- In order for this contract to be considered complete, all parties must agree that:
• Site Supervisor and Student have read and can assure that requirements noted in the CMHC/MCFC Practicum & Internship Manual will be met...
• The Site Supervisor attended the CNS Site Supervisor Orientation on (date) _____.

Supplemental Documents Included

- Unofficial Graduate Transcript (specifically indicating completion of CNS 554, 555, 558, 559 & 560 with a B or better.)
• Proof of Professional Membership including Expiration Date
• Copy of Malpractice Insurance including Expiration Date
• Completion of Practicum Orientation Certificate (or email verification)
• Current Site Supervisor resume that specifically reflects requirements noted in the CMHC/MCFC Practicum & Internship Manual.

Student's Signature Date
Site Supervisor's Signature Date
Clinical Coordinator Date