MASTER OF ARTS IN PROFESSIONAL COUNSELING
and
MASTER OF SCIENCE IN MARRIAGE AND FAMILY THERAPY
School of Health Professions
TEXAS WESLEYAN UNIVERSITY
GRADUATE PROGRAM IN COUNSELING

Letter to the Agency and the Field Supervisor

Through the Master of Arts in Professional Counseling or Master of Science in Marriage and Family Therapy, Texas Wesleyan students become trained mental health counselors who are competent in today’s multi-cultural society. Graduates from this program are eligible to meet requirements to become licensed professional counselors (LPC) and licensed marriage and family therapists (LMFT) in the state of Texas. Texas Wesleyan is the only university in Tarrant County that provides this opportunity.

As you know, an integral part of this process includes a supervised practicum field experience (75 direct hours and 100 indirect hours each semester for LPC and) that will be completed consecutively. We appreciate your dedication to providing mental health services to the community and its willingness to train and supervise graduate students desiring a career in this field as well. Enclosed is a Practicum Site Orientation Packet with the necessary application forms. Please return this form with our student no later than ______________.

On behalf of the Texas Wesleyan University Graduate Program in Counseling, I want to thank you for taking time and interest in this endeavor and look forward to an on-going relationship in this vital service to our graduate students and community.

Linda Metcalf, PhD
Director of Graduate Counseling Program
817-531-7530
lmetcalf@txwes.edu
Enclosed in this section of the packet (forms 1-6) are the necessary application and information papers to qualify as a practicum site. **Please return completed original forms 1-3 and keep copies for your records.** Once forms 1-3 are on file, all Texas Wesleyan students seeking internship with your facility will provide the forms pertinent for individual placement at the time of acceptance.

If several interns from Texas Wesleyan are accepted by your facility, it is not necessary to duplicate all forms. Only form 3 is needed for each designated Field Supervisor. Forms 4 and 5 are included in this packet for your information only, and will be provided additionally by the student when a Field Supervisor accepts interns.

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Agency/Practice Affiliation Application</td>
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<tr>
<td>2</td>
<td>Practicum Site Agreement*</td>
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<td>3</td>
<td>Field Supervisor Approval Application</td>
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<td>4</td>
<td>Field Supervisor Agreement</td>
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<td>5</td>
<td>Waiver of Liability</td>
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<td>6</td>
<td>Statement of Mutual Responsibilities</td>
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*Practicum Site Agreement will be signed by the Texas Wesleyan University Community Counseling Center Clinical Director and returned to you as confirmation of acceptance as a practicum site.

Each graduate counseling student entering the practicum experience will contact a prospective site well in advance to complete interview/registration procedures. The practicum instructor-supervisor will be contacting each of their student’s practicum site for follow-up and to answer any questions.

Thank you for your kind consideration,

Linda Metcalf

Linda Metcalf, PhD
Director of Graduate Counseling Program
817-531-7530
lmetcalf@txwes.edu

**RETURN COMPLETED FORMS TO THIS ADDRESS:**
Texas Wesleyan University
Graduate Program in Counseling
1201 Wesleyan
Fort Worth, Texas 76105-1536
ATTN: Scott Methvin
Clinical Director
Texas Wesleyan University Community Counseling Center
AGENCY/PRACTICE AFFILIATION APPLICATION

SCHOOL OF HEALTH PROFESSIONS
TEXAS WESLEYAN UNIVERSITY
GRADUATE PROGRAM IN COUNSELING

Date of Application: _____ / _____ / ________
Name of person completing form: ________________________________________________
Agency/Practice Name: ___________________________________________________________
Agency/Practice Address: __________________________________________________________
Agency/Practice Phone: _____ - _____ - ________ Agency/Practice Fax: _____ - _____ - ________
Agency/Practice E-mail: ___________________________________________________________
How long has agency/practice been in existence? ________________________________________________
Main contact person at agency/practice: _______________________________________________________
Agency/Practice Director/Coordinator: _______________________________________________________

General agency/practice Information

A. Services your agency offers:

☐ Intake/Assessment ☐ Individual Counseling ☐ Group Counseling
☐ Couples Counseling ☐ Family Therapy ☐ Career Counseling
☐ Consulting ☐ Psychological testing ☐ Parenting
☐ Workshop/training ☐ Divorce Counseling ☐ Adoption Counseling
☐ Chemical Dependency ☐ Grief/loss ☐ Crisis Intervention
☐ Child/Adolescent ☐ Other ________________________________

B. In what areas of your agency/practice will the graduate counseling student(s) be involved?

☐ Direct service ☐ Agency programs ☐ Administrative
☐ Board/Committee ☐ Staff training

C. Number of openings for field supervision in: Fall ____, Summer ____, Spring __

D. Which methods of training/feedback will be provided to evaluate the student’s progress toward professional goals and objectives?

☐ Videotape work and review
☐ Audio tape review
☐ Co-therapy or practice
☐ Observation by experienced practitioners
☐ Other (specify) ________________________________
Practicum students should also have the opportunity to eventually carry their own caseload. Are there sufficient numbers of cases for the student to be involved? _____Yes _____No

**Field Supervisor Information**

The title “field supervisor” designates those individuals who supervise the activities of the counseling students. **It is NOT necessary that the Field Supervisor be a Board Approved Supervisor (LPC-S).** Field supervisors facilitate the synthesis of theory and practice and provide opportunities for graduate counseling students to complete the learning objectives of the field practicum. **Field supervisors must:**

Possess a Master degree in Social Work OR Master degree in the clinical *counseling* field (M.ED, M.S, M.A), or Doctorate in the clinical *counseling* field; AND possess Texas licensure (LPC, LCSW, LMSW, LMFT, Licensed Psychologist); **Psychiatrists and LCDC’s are ineligible as field supervisors.**

- Have at least two years of postgraduate experience in *supervision OR* have been in social work or counseling *practice* for three years following completion of the Master/Doctorate degree;

- Have training AND/OR significant experience in direct practice to supervise/direct practicum graduate counseling students.

List: ________________________________

____________________________________

Please list the names and credentials of those individuals who desire to be considered for approval as field supervisors.

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<th>Prospective field supervisors:</th>
<th>Credentials:</th>
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Please list the names and credentials of those individuals who are *Texas Board approved LPC supervisors (LPC-S)* that may consider supervising post-graduate interns.

**Texas Board approved LPC supervisors:**

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<th>Texas Board approved LPC supervisors:</th>
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Director/Coordinator signature: _______________________________  _____ / _____ /________

(Date)
PRACTICUM SITE AGREEMENT
SCHOOL OF HEALTH PROFESSIONS
TEXAS WESLEYAN UNIVERSITY
GRADUATE PROGRAM IN COUNSELING

This agreement is made on _____/_____/______ between ______________________________(Agency/practice) and Texas Wesleyan University for the purpose providing qualified graduate counseling students in a graduate counseling program with practicum experience in the field of counseling.

The site will provide a minimum of _____ hours per week during Summer semester (14 hours is ideal total) and _____ hours per week during Spring/Fall semester (11 hours is ideal total) of practicum experience for the duration of the agreed upon semester period(s) to be negotiated between the agency and graduate counseling student at the time of formal acceptance.

The Practicum site agrees:
- To assign a field supervisor who has appropriate credentials (LPC, LMSW, LCSW, LMFT, Psychologist) and time for training;
- To provide opportunities for the graduate counseling student to engage in a variety of counseling activities under supervision and provide on-going evaluation of the student’s performance (one hour per week minimum of face-to-face supervision);
- To provide the graduate counseling student with adequate workspace, telephone, office supplies to conduct counseling activities in a professional manner;
- To provide supervisory contact which includes some examination of the graduate counseling student’s work using observation, and/or live supervision;
- To provide written evaluation of the graduate counseling student based upon criteria established by the Texas Wesleyan University Graduate Counseling Program.

Texas Wesleyan University Agrees:
- To assign a practicum instructor to facilitate communication between Texas Wesleyan University and the site;
- To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
- Practicum instructor shall be available for consultation with both Field Supervisor and the graduate student and shall be immediately notified should any change in relation to the graduate student, site, or University occur;
- University practicum instructor is responsible for practicum grade assignment.

This is a non-binding agreement that documents an initial understanding between Texas Wesleyan University and the agency/practice providing practicum training. The purpose of this agreement is twofold: first, to serve as documentation for the Texas Wesleyan University Graduate Program in Counseling to describe the nature of training this graduate student is receiving (and later as reference on internship and licensure applications); and secondly, to establish initial consensus between the training graduate student and the practicum agency/practice about their responsibility to each other.

___________________________________________________  ____/_____/______
(Agency Director/Coordinator Signature) (Date)

___________________________________________________  ____/_____/______
(Texas Wesleyan University Community Counseling Center Clinical Director) (Date)

NOTE: Graduate counseling student and Field Supervisor will communicate to the practicum instructor regarding progress, problems, and performance evaluations.

If you have any questions, first contact the practicum instructor. If the practicum instructor cannot be contacted AND an emergency exists, then and only then, please contact: Linda Metcalf, Director of Graduate Counseling Program. Phone - 817-531-7530; email - lmetcalf@txwes.edu
FIELD SUPERVISOR APPROVAL APPLICATION

Please complete this application and attach a current resume. Only one resume with this form for each field supervisor is needed (If one supervisor is supervising several Texas Wesleyan students, only form 4 and 5 is required for each student and this will be provided by the student at the time of acceptance). All information is confidential.

Date: _____/_____/________

Name: ______________________________________

Licensure and license no. __________________________________________

Degrees and Year received: ______________________________________

Current place of employment: __________________________

Business address: __________________________

Business Phone: _____-_____-_______  Fax: _____-_____-_______

Email Address: __________________________________________

Please check YES or NO to the following:

☐ Yes  ☐ No  Do you agree to spend at least one hour per week with each counseling student assigned to you in individual/group education supervision?

☐ Yes  ☐ No  Have you been in social work or counseling practice for three (3) or more years?

_________________________________________  _____/_____/________

(Field supervisor applicant signature)  (Date)
FIELD SUPERVISOR AGREEMENT
SCHOOL OF HEALTH PROFESSIONS
TEXAS WESLEYAN UNIVERSITY
GRADUATE PROGRAM IN COUNSELING

This agreement is made on _____/_____/________ between ____________________
and _________________________, effective _____/_____/________ to
_____/____/________. The site will provide: _____ hours during Spring/Fall semester and _____
hours during Summer semester.

The Practicum site agrees:
- To assign a field supervisor who has appropriate degree and credentials, and time for training;
- To provide opportunities for the counseling student to engage in a variety of counseling activities under supervision and provide on-going evaluation of the student’s performance (one hour per week minimum of face-to-face supervision, individual or group);
- To provide the graduate counseling student with adequate workspace, telephone, office supplies to conduct counseling activities in a professional manner;
- To provide supervisory contact which includes some examination of the graduate counseling student’s work using observation, and/or live supervision;
- To provide written evaluation of the graduate counseling student based upon criteria established by the Texas Wesleyan University Graduate Program in Counseling.

Texas Wesleyan University Agrees:
- To assign a practicum instructor to facilitate communication between Texas Wesleyan University and the site;
- To notify the student that he/she must adhere to the administrative policies, rules, standards, schedules, and practices of the site;
- That the practicum instructor shall be available for consultation with both Field Supervisor and the graduate student and shall be immediately notified should any change in relation to the graduate student, site, or University occur;
- The University practicum instructor is responsible for practicum grade assignment.

This is a non-binding agreement that documents an initial understanding between this graduate student from Texas Wesleyan University and the field supervisor providing practicum training. The purpose of this agreement is twofold: first, to serve as documentation for the Texas Wesleyan University Graduate Program in Counseling to describe the nature of training this graduate student is receiving (and later as reference on internship and licensure applications); and secondly, to establish initial consensus between the training graduate student and the practicum field supervisor about their responsibility to each other.

_______________________________________________________          _____/_____/_____
(Graduate counseling student signature)  (Date)

_______________________________________________________          _____/_____/_____
(Field supervisor Signature)  (Date)

NOTE: Graduate counseling student and field supervisor will communicate to the practicum Instructor regarding progress, problems, and performance evaluations.

If you have any questions, first contact the practicum. If the practicum instructor cannot be contacted AND an emergency exists, then an only then, please contact: Linda Metcalf, Director of Graduate Counseling Program. Phone - 817-531-7530; email - lmetcalf@txwes.edu
WAIVER OF LIABILITY
SCHOOL OF HEALTH PROFESSIONS
TEXAS WESLEYAN UNIVERSITY
GRADUATE PROGRAM IN COUNSELING

It is understood by the undersigned graduate counseling practicum student that in consideration for receiving counseling supervision from ________________________________ (Agency) and participating in the Texas Wesleyan University Graduate Counseling Program field practicum, the undersigned waives and relinquishes all claims for damage or injury to his/her person or property which may be caused by an act, or failure to act of the agency. The undersigned assumes the risk of injury from any dangerous conditions in the above-mentioned Agency.

The undersigned further agrees to indemnify, save and hold the Agency, Texas Wesleyan University and their officers and employees harmless from any claim or liability for injury or damage to person or property as a result of a negligent act or omission of the undersigned in connection with and during the graduate counseling field practicum.

The undersigned understands the risks inherent in field practicum work. Therefore, the Agency, Field Supervisor, Practicum Instructor-supervisor and graduate counseling practicum student shall collaborate in an effort to minimize such risks. The Field Supervisor shall orient the graduate counseling practicum student regarding agency policies and procedures that relate to personal safety and risk management. This orientation shall include ways the graduate counseling practicum student can protect him/her and avoid harm. The graduate counseling practicum student shall adhere to agency risk management policies. The graduate counseling practicum student shall be advised of the potential risks while providing services to clients at the agency as well as other designated settings where service may be rendered such as home visits, public and private offices and others facilities. Other workplace risks may include assault, sexual harassment, civil or criminal lawsuits, clients who become threatening or violent, and exposure to environmental hazards. The graduate counseling practicum student shall promptly address any safety concerns with the Field Supervisor and Practicum Instructor-supervisor.

__________________________________________________                      __________
(Graduate Counseling Student Signature)       (Date)
STATEMENT OF MUTUAL RESPONSIBILITIES
SCHOOL OF HEALTH PROFESSIONS
TEXAS WESLEYAN UNIVERSITY
GRADUATE PROGRAM IN COUNSELING

Responsibilities of the Graduate Counseling Degree Program

1. Approve students for registration and provide a practicum site opportunity list.
2. Endorse the Graduate Counseling Student Practicum Agreement for the designated term.
3. As far as practical, conference with graduate practicum students to provide feedback, give support and direction, and determine opportunities for professional growth.
4. Assign grades after consultation with the field supervisor and practicum instructor.
5. Contact or visit the field supervisor at least one time during the practicum term and maintain regular contact by telephone and/or additional visits.

Responsibilities of the Graduate Counseling Practicum Student

1. Follow all instructions and provide the required information in this packet. If there are any questions, please ask the practicum instructor for clarification.
2. Read, complete and sign the Graduate Counseling Student Practicum Agreement, Professional Liability Insurance Statement, and Waiver of Liability.
3. Reasonable effort will be made to honor student requests regarding Practicum placements. Sites which offer the greatest breadth of opportunity, most direct client contact hours, and best qualified supervision will take priority.
4. Arrange an initial interview at the Practicum site. At that time, provide your resume and comply with all agency registration procedures. Next, mutually decide with your field supervisor goals for your practicum. Be sure to emphasize that you need a minimum of 175 hours per semester of experience during the practicum term, of which 75 are direct contact. These hours may be divided equally between concurrent semesters or as otherwise needed between more than one practicum site.
5. Submit a practicum schedule to the practicum instructor during the first week of the semester and attend all orientations and seminars related to practicum course and site.
6. Field supervisors are requested to meet with graduate counseling practicum students a minimum of one hour per week, but some may choose to meet more often. At least half of those hours must involve individual face-to-face supervision.
7. The practicum instructor will meet with each graduate counseling practicum student at least one time during the practicum term. Depending upon the skill level demonstrated and other relevant factors, meetings may be more frequent.