



M.A./BC
Practicum Site
Supervisor Application
2F

Please return to:
Dallas Theological Seminary
Department of Biblical Counseling
3909 Swiss Avenue
Dallas, Texas 75204
Attn: Counseling Practicum Coordinator

Students may not counsel within a site until the site and supervisor are approved. Take note of the "Requirements" section of this application, which outlines your requirements as a practicum site.

PERSONAL INFORMATION (Please Print or Type)

Date: _____

Professional Agency Name: _____

Practicum Supervisor Name: _____

Business Telephone: _____

Business Email Address: _____

EDUCATION (Please Print or Type)

Please list educational background, starting with the most recent.

School	Dates Attended	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL EXPERIENCE (Please Print or Type)

Please provide a brief summary of your professional experience, including places, dates, and scope of activities. If necessary, use a separate sheet of paper to explain.

In addition to the education explained earlier in the application, what have you completed for continuing education?

Please list the professional organizations with which you are currently affiliated (i.e. AACCC, CAPS).

LICENSURE AND CERTIFICATION (Please Print or Type)

In what state(s) are you currently licensed or certified?

What is your licensure or certification?

*NOTE: If you are an LPC intern (LPCi), please answer the above licensure-related questions according to your supervisor's credentials.
Follow the format: "LPC Intern Supervisor: Supervisor Name, LPC"*

License or certification number and expiration date:

Licensing agency:

If not licensed, are you currently pursuing licensure? _____ Estimated completion date: _____

Please list any other certification not listed above.

LIABILITY/MALPRACTICE (Please Print or Type)

Do you, the practicum supervisor, have liability/malpractice insurance? _____

Have you ever been denied liability/malpractice insurance? _____ If yes, please explain.

Have you ever had a malpractice claim/suit filed against you? _____ If yes, what were the results?

Were disciplinary actions taken? _____ If yes, please explain.

SCHEDULE AND REMUNERATION (Please Print or Type)

SCHEDULE.

While under my supervision, I understand that the practicum student must meet with me for at least one hour every week.

REMUNERATION.

While compensation is not required for practicum students, remuneration for work is encouraged whenever possible. While under my supervision, the practicum student will receive/will not receive (*circle one*) pay.

If pay is granted, please state amount: _____

APPLICATION CHECKLIST

Please make sure to include the following when submitting this application:

1. Proof of liability/malpractice insurance
2. Copy of licensure or certification
3. Practicum Site Application (if it has not already been submitted)

REQUIREMENTS

- The site and site supervisor must have current liability/malpractice insurance.
- The site must have a licensed professional in some area related to counseling (i.e., psychology, counseling, social work, etc.) who will agree to act as supervisor of the student.
- The site must fill out (and get approved) a Practicum Site Application and Practicum Site Supervisor Application prior to approval of the student's placement.
- There is also an evaluation at the end of the semester that we request the supervisor to fill out, regarding the performance of the student.
- The site supervisor must sign off on all the hours logged by the student.
- Per semester, the practicum student must perform at least 50 face-to-face client contact hours. This can be individual, couple, family, group, etc. Three of these sessions must be video taped by the student for class critique with DTS instructor.
- Per semester, the practicum student must perform at least 100 administrative hours. This can be anything from answering the phone and filing papers, to training sessions required.
- The student must meet with site supervisor for one hour at least once a week for quality supervision.

CERTIFICATION

I, _____, (*please print*) certify that all information given on this application is complete and correct and may be used to determine site eligibility for use as a DTS practicum site. I authorize Dallas Theological Seminary to verify the information that I have provided. I agree to notify the proper officials of the institution of any changes in the information provided. I understand that falsification or omission of any of the information will void site eligibility and nullify site approval.

Signature: _____ **Date:** _____

Title: _____

SUBMISSION DETAILS

Please contact Dallas Theological Seminary if you have any questions or concerns. The phone number to the Department of Biblical Counseling office is (214) 874-4406 or the email address is jcrow@dts.edu.

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