**PRACTICUM MEMORANDUM OF AGREEMENT**

**Clinical Psychology Practicum Student**

This agreement is made this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by and

between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(hereinafter referred to as the AGENCY) and the **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (hereinafter referred to as the PROGRAM). This agreement will be in effect for a period of time

from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Student's Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone:**\_\_\_\_\_\_\_\_\_\_\_

**Site Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consenting On-Site Supervisor:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor's Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Highest Degree:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**License/Certification Type, State and Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor's Years of Professional Experience:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose:** The purpose of this agreement is to establish a practicum student’s experience for a qualified PROGRAM graduate student in the field of Clinical Psychology.

The PROGRAM shall be responsible for the following:

 • identifying students who have completed the required prerequisites for the practicum student’s experience.

 • providing the AGENCY with a course outline that clearly delineates the responsibilities of the PROGRAM and the AGENCY.

 • identifying a qualified faculty member (University Supervisor) to work with the AGENCY in coordinating the practicum studentship experience.

 • requiring the practicum student to purchase student professional liability insurance through the American Psychological Association(APA) or similar company.

 • providing on-campus small group supervision conducted weekly by the university supervisor. Practicum students will make case presentations about their work in the AGENCY and discuss possible strategies for working with these cases. These group supervision meetings will be conducted with a heavy emphasis on the ethical treatment of confidential client information. Names and other key client identifying data will not be used in these presentations.

 • awarding the student's final grade. The PROGRAM gives considerable weight to the evaluation of the practicum student provided by the AGENCY supervisor in the grade determination.

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The AGENCY shall be responsible for the following:

 • providing an orientation to the student that fully describes the AGENCY and its policies, procedures and services provided. The orientation should describe the student counselor's expected role in the AGENCY.

 • identifying a qualified AGENCY site supervisor. The site supervisor must be a practicing professional in Clinical Psychology with at least two years of professional experience.

 • providing the opportunity for the practicum student to engage in a variety of appropriate counseling activities under supervision. A CONTRACT specifying the duties the practicum student will be perform and estimating the time spent in each activity will be developed by the practicum student and on-site supervisor. The CONTRACT will be signed by the practicum student, on-site supervisor and university supervisor. As a minimum the CONTRACT must define the number and type of direct service hours/week the practicum student will perform; number of indirect hours/week the practicum student will perform; the number of hours of individual and group supervision the practicum student will receive/week.

 • ensuring that direct on-site supervision is available to the practicum student whenever he/she is counseling or providing direct service to clients.

 • providing a minimum of 60 minutes per week of individual supervision delivered by a qualified on-site supervisor.

 • providing the opportunity for the practicum student to become familiar with a variety of professional activities other than direct service.

 • providing the opportunity for the practicum student to develop audiotapes of the practicum student's interactions with clients appropriate to the specialization for use in supervision if client can consent.

 • providing the opportunity for the practicum student to gain supervised experience in the use of a variety of professional resources such as assessment instruments, computers, print and non-print media, professional literature, research and information on appropriate referral techniques.

 • preparing a formal evaluation of the practicum student's performance for each semester of the practicum studentship prepared by the on-site supervisor. This evaluation will be used as a major factor in the evaluation of the practicum student by the university supervisor. The results of the university supervisor's evaluation will be communicated to the on-site supervisor.

**Equal Opportunity:** It is mutually agreed that neither party shall discriminate on the basis of race, color, nationality, ethnic origin, age, sex or creed.

**Financial Agreements:** Financial stipulations may vary from one AGENCY to another. If a financial stipulation is to be provided, it is stated in a separate agreement and approved by the AGENCY, PRACTICUM STUDENT and UNIVERSITY.

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**Termination:** It is understood and agreed upon by the parties hereto that the AGENCY has the right to terminate the practicum studentship experience of the student whose health status is detrimental to the services provided the clients of the AGENCY. Further, the AGENCY has the right to terminate the practicum studentship if, in the opinion of the supervising psychologist, the practicum student's behavior is detrimental to the operation of the AGENCY and/or client care. Such action will not be taken by the AGENCY until the issues involved have been discussed with the practicum student and university supervisor. See Due Process description.

**The names of the responsible individuals at the two institutions charged with the implementation of the contract are:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

UNIVERSITY SUPERVISOR (typed)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

AGENCY SUPERVISOR (typed)

**I agree to the terms of this Memorandum of Agreement and will abide by the policies and procedures of the AGENCY.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PRACTICUM STUDENT'S NAME (typed) PRACTICUM STUDENT'S

 SIGNATURE

**PRACTICUM STUDENT’S CONTRACT Clinical Psychology**

STUDENT'S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT'S PHONE (home/work/practicum site)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ON-SITE SUPERVISOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR'S PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRACTICUM STUDENT’S PLAN**

DATES OF PLACEMENT: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We estimate that the STUDENT named above will receive the following experiences:

Hours/week of direct service to clients:

 Individual Counseling \_\_\_\_\_\_\_\_\_\_

 Group Counseling \_\_\_\_\_\_\_\_\_\_

 Marriage, Family, Relationship Counseling \_\_\_\_\_\_\_\_\_\_

 Consulting with clients and/or significant others \_\_\_\_\_\_\_\_\_\_

 Psychoeducational activities relevant to the agency \_\_\_\_\_\_\_\_\_\_

 Other (describe) \_\_\_\_\_\_\_\_\_\_\_

Hours/week of Indirect Service \_\_\_\_\_\_\_\_\_\_\_

(Describe examples of such work) \_\_\_\_\_\_\_\_\_\_\_

Hours of individual supervision/week: \_\_\_\_\_\_\_\_\_\_\_

Hours of group supervision/ week: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-site supervisor' signature date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum student's signature date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University supervisor's signature date