

Emporia State University
Department of Counselor Education
1200 Commercial St.
Emporia, KS 66801

Rehabilitation Counseling Program

APPLICATION FOR PRACTICUM

Deadline for Application: October 1st

Semester and Year: _____

Name: _____ Date Submitted: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Mailing Address: _____

University ID: _____ ESU Advisor: _____

Required Prerequisites to enroll in Supervised Practicum:

	<u>Term Completed</u>	<u>Grade</u>
RE 701 Professional and Ethical Issues in Counseling	_____	_____
MH 891 Adv Professional, Ethical & Legal Issues	_____	_____
RE 724 Counseling Skills Development	_____	_____
RE 725 Counseling Theories	_____	_____

I plan to complete my practicum experience at (check one):

Community Counseling Services (ESU Campus) _____

Community Based Site _____

If Community Based Site, provide the following:

Name of Agency/Company: _____

Address: _____

Name of Supervisor: _____

Telephone Number: _____

Email: _____

 I need assistance in locating and securing a Practicum Community Based Site.

Registration Commitment:

By signing I understand:

1. I certify that I will have completed all prerequisite course work and that I am eligible to take the course.
2. I accept the responsibility for registering as indicated. I realize that failure to do so on my part deprives another student of the opportunity to register for the course that my slot may be given to another student.
3. If conditions arise so that registration is not possible, I will notify the Practicum Supervisor immediately.
4. The practicum requires a 14 hour per week commitment.
5. The practicum requires one hour of field supervision per week.
6. The practicum requires a commitment from the agency for one-on-one counseling with clients.
7. The practicum requires I have liability insurance.
8. The practicum requires professional behavior at all times.
9. The practicum requires recording of one-on-one sessions.

Signature

Date

Approval of enrollment in practicum for: _____
(Semester and Year)

Date student was notified: _____ **By:** _____