Knowing the number of students/candidates that intend to enroll in practicum or internship each semester is necessary in order to allow for adequate planning and scheduling of these courses/experiences. Therefore, students wishing to enroll in practicum must receive advanced approval from their faculty advisor and the Community Counseling Services Director in order to begin this experience. Students must complete the formal application by the deadline date the semester prior to the start of practicum.

All graduate students, except for those utilizing the Kansas City Metro Learning Center, will be required to complete their practicum experience through Community Counseling Services during the scheduled hours of operation. Students who find they are unable to take practicum (a section is not available) after they have applied and received prior approval from their faculty advisor, will be placed on a waiting list for another semester. The department will attempt to schedule practicum classes to accommodate all students needing the experience in a given semester.

Practicum is a highly individualized learning experience that involves intense supervision of the student’s application of knowledge acquired in prerequisite coursework. Therefore, a grade of B or better is required for all program prerequisite courses.

School counseling candidates must ask their advisor to have a committee of school counseling faculty members complete a disposition form, and give the form to the Community Counseling Services Director when completed. This form is necessary in order to satisfy the requirement for NCATE decision point #2 (application/acceptance into initial field experience). The Department of Counselor Education validates acceptable dispositions of candidates for admission into practicum and/or internship. If dispositions are unacceptable, the candidate will be denied admission into practicum and/or internship, or a contract will be developed for the candidate to follow during these field experiences. The candidate may file an appeal if admission into practicum and/or internship is denied.

Graduate students applying for practicum must provide evidence of professional liability insurance before beginning their practicum course experience. All practicum applications must contain evidence of liability insurance through a copy of the actual policy that will be kept on file in the clinic. Coverage must be related to the practice of counseling and/or rehabilitation services and can be obtained by contacting professional organizations (ACA, ASCA, KRA, AMHCA). Practicum experiences will not be permitted without actual proof of insurance verified through a policy copy. Professional liability insurance can be purchased through the web addresses listed below:

www.nbcc.lockton-ins.com
www.hpso.com/students/studentindex.php3
www.schoolcounselor.org/
www.cphins.com/
APPLICATION FOR PRACTICUM
Revised July, 2011

POLICIES REGARDING SUPERVISED PRACTICUM
**Tear off this portion of the application to keep for your information**

All students applying for practicum through Community Counseling Services will need to schedule a personal interview with the Community Counseling Services Director the semester prior to enrollment. Personal interviews need to be conducted before April 1 (for summer practica), July 1 (for fall practica), or November 1 (for spring practica).

Submit your application to:
Ann M. Miller, Ph.D., LPC, NCC
Community Counseling Services Director
Emporia State University
1200 Commercial St., Campus Box 4036
Emporia, KS 66801
620.341.5789
amille15@emporia.edu

Application deadlines are:
March 1 - Summer Session
June 1 - Fall Semester
October 1 – Spring Semester
APPLICATION FOR PRACTICUM

___________________________
Semester and Year

Name: ______________________________ Date Submitted: _____________

Home Phone: _______________ Work Phone: __________________

Mailing Address: ________________________________________________

________________________________________________________________

University ID: ______________ E-mail: _____________________________

ESU Advisor: ___________________

Program Emphasis: Mental Health Rehabilitation School (circle one)

REQUIRED PREREQUISITES to enroll in Supervised Practicum:

For Mental Health Counseling Students: Term Completed Grade
MH700 Introduction to Mental Health Counseling
RE734 or SC810 Counseling Skills Development
MH735 or SC825 Theory and Practice of Counseling
MH790 or MH891 Professional, Ethical, & Legal
Issues in Counseling
MH 830 or SC850 Group Processes in MH Counseling

For Rehabilitation Counseling Students:
RE734 or SC810 Counseling Skills Development
MH735 or SC825 Theory and Practice of Counseling
MH790 or MH891 Professional, Ethical, & Legal
Issues in Counseling

For School Counseling Students:
SC700 Intro to Secondary School Counseling
SC705 Intro to Elementary/Middle School Counseling
SC710 Multicultural Counseling
SC715 Parenting and Parent Consultation
SC805 Professional and Ethical Issues in Counseling
SC810 Pre-Practicum: Counseling Skills Development
SC825 Counseling Theories
SC820 Career Counseling & Development
SC850 Group Counseling Theory

_________________________________________ ____________________
**Please attach a copy of your unofficial transcript to this application**

Documentation providing evidence of professional liability insurance coverage must be attached to this application.

**Please attach a copy of your certificate of insurance to this application**

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

- Community Counseling Services (ESU Campus) ______
- Metro Learning Center (Kansas City) ______

Approval of enrollment in practicum for: ____________________________

(Semester and Year)

Date student was notified: _________________ by: ____________________________

Your application has **NOT** been approved. Please address the following:

_____________________________________________________________________

_____________________________________________________________________

Date student was notified: _________________ by: ____________________________

______________________________________________________________

CCS Director’s Signature ____________________________ Date