

5. The campus internship supervisor is responsible for the assignment of a field work grade based, in part, on the recommendation of the internship site supervisor.

The Internship Site agrees:

1. To assign an internship site supervisor who has appropriate credentials, experience, time, and interest for training the student intern;
2. To provide opportunities for the student to engage in a variety of counseling activities under supervision and for evaluating the student's performance.
3. To provide the student with adequate work space, a dedicated telephone, office supplies, and staff (including a responsible qualified support person, defined as an administrative or clinical member of the agency with some advanced education and training in people helping skills and crisis intervention who is present any time the student is counseling clients) to conduct professional activities.
4. To provide supervisory contact involving examination of student work including audio/visual recordings, observation, and/or live supervision one hour per week.
5. To provide an evaluation of student based on criteria established by Western.

_____ will be the primary internship site supervisor. Training
Site Supervisor

activities will be provided for the student in sufficient amounts to allow an adequate evaluation of the student's level of competence in each activity. Other qualified support people who will be present when the student is counseling are: _____

The student should be made aware of who is the responsible support person at any given time when they are counseling.

_____ will be the faculty liaison with whom the student and
Campus Internship Supervisor

On-site Supervisor will communicate regarding progress, problems, and performance.

The **intern** will spend _____ hours per week at the Internship site. At least 40 percent of the hours spent will involve direct client contact. The intern will participate in at least one hour per week of face-to-face, individual supervision (up to 50% may be triadic) with the on-site supervisor(s) indicated on this form (12 hours minimum per semester.) The intern will also meet on-campus weekly for group supervision with an assigned campus supervisor.

The **intern** will complete forms #1 and 2 as a means of accounting for hours spent in counseling, supervision, training and other professional activities. These forms will be signed off each semester by the on-site supervisor for each site where services are performed.

The **intern** will obtain malpractice liability insurance, and will be informed about personal injury liability provided by the agency/school site. In addition, the intern will supply a copy of the insurance cover sheet to the Campus Internship Supervisor and Administrative Assistant.



All graduate program documentation and supervision activities, including evaluations of the site and supervision and attendance at on-campus supervision meetings, will be completed as required by the graduate program in which the intern is enrolled.

Projected beginning date: _____ Ending date: _____

Projected hours per week: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____ Sunday _____

Projected client contact hours per week:

Individual _____ Group _____ Couples _____ Family _____ Other _____

The **On-site Supervisor(s)** will provide one hour per week of face-to-face individual (up to 50% may be triadic) supervision on a set day and time weekly. This supervision time requirement may increase if the student is seeing more than ten clients per week. At the end of each semester, the on-site supervisor will complete an evaluation of the student’s performance on forms provided by Western and will discuss the evaluation with the intern.

If the On-site Supervisor has any concerns regarding the student’s abilities to meet the goals and objectives of the agency, the supervisor is encouraged to discuss the concerns with the student. Any issues not satisfactorily resolved should be reported to the Campus Internship Supervisor, the Field Placement Coordinator, and/or the Counseling Program Director.

Campus Internship Supervisor will meet with the intern as outlined in the graduate program course description and will assist the intern and On-site Supervisor in coordinating the intern’s placement and fulfillment of graduate program requirements. Campus Internship Supervisor will maintain communication (in person, via teleconference, or by phone) with the On-site Supervisor(s) over the course of the intern’s placement. For practicum students, contact between supervisors will occur on an every other week basis. If the Campus Internship Supervisor has concerns regarding the student’s performance, in addition to discussing it with the student, the On-site Supervisor may be contacted and a report made to the Counseling Program Director.

Because of the nature of student practicum/internships, either the clinical site or the counseling program reserve the right to dissolve this contract should concerns arise.

Signature: Site Supervisor #1 _____ Date _____

Signature: Site Supervisor #2 _____ Date _____

Signature: Student _____ Date _____

Signature: Campus Supervisor _____ Date _____

WESTERN SEMINARY PRACTICUM/INTERNSHIP CONFIDENTIALITY AGREEMENT

Confidentiality is basic to the maintenance of professional ethics and community respect. As a student of Western Seminary's MA Counseling Practicum/Internship class, you are obligated by law and ethics to recognize and respect that clients, co-workers, classmates, and supervisors act in good faith, expecting their circumstances and personal matters to remain confidential. Thus, you are entrusted with a set of ethical responsibilities that govern your interaction with the client, Western Seminary, the agency, the community, and yourselves. The following are guidelines concerning the responsibility of confidentiality:

1. Identifying information about clients (names, addresses, social security numbers, birthdates, etc.) should be removed, altered, or otherwise not revealed in assignments or in class.
2. Discussion of a case outside of the agency or Practicum/Internship class can be considered a breach of confidentiality. Information and case details about a client may be discussed at the agency and in the Western Seminary classrooms for clinical and learning purposes only.
3. When at an agency, case records are for clinical purposes and not for general perusal. "Release of Information" from the client and your supervisor should be obtained in writing before information is released to another agency.
4. Termination from the agency or Practicum/Internship does not release you from the ethical code of confidentiality.
5. For Practicum and Internship class presentations, students must record and play sessions exclusively through their Western Seminary HIPAA compliant Zoom license and store sessions on their Western Seminary HIPAA compliant OneDrive.
6. All copies of records, whether paper or electronic, should be completely destroyed as soon as possible and within the timeframe specified in the authorization from the client.
7. All original counseling records must remain the property of the agency with whom the student in training is contracted. For the purposes of student training, only copies of client records, with both agency and client authorization, may be transported by the student to supervision.

I UNDERSTAND AND AGREE TO THE ABOVE.

SIGNATURE OF STUDENT

DATE

STUDENT NAME



5511 SE Hawthorne Blvd.
Portland, OR 97215
(503) 517-1800

Authorization to Release Information Regarding Practicum/Internship

I, _____, hereby authorize
Name of Student

the Counseling Department Faculty of Western Seminary, 5511 SE Hawthorne Blvd., Portland, Oregon
97215, (503) 517-1800, to mutually share with

Name, Title, Business Name, Address, and Phone Number

any and all information pertaining to the above-named student, for purposes of internship oversight,
evaluation, and coordination. I have been informed and fully understand that this personal information may
be in written, oral, or report form.

I fully understand that by signing this form I hereby waive or give up all rights of confidentiality to
those above-named and their supervisors. I further understand this communication may include, but not be
limited to academic, drug, alcohol, mental health, medical, legal, financial, insurance, or HIV-related
information. Unauthorized re-disclosure by recipient is a potential risk.

This release/waiver may be revoked in writing at any time, except to the extent that disclosure has
already been made in good faith reliance on this release. I understand that I have the right to refuse to sign
this authorization. This release/waiver is effective for duration of the student's contracted internship with
this site.

Dated this ___ day of _____, _____.

Signed: _____

Date of Birth: _____

Student Identification Number: _____

Confirmation of Pre-requisites for Practicum

This form must be attached to the Internship Agreement form for CN530.
Please check the appropriate boxes below.

Course Name

Completed

Full admission to MA Counseling program	<input type="checkbox"/>		
CN501 Clinical Foundations	<input type="checkbox"/>	and	<input type="checkbox"/> Competencies passed
CN504 Suicide Prevention	<input type="checkbox"/>		
CN502 Psychotherapeutic Systems	<input type="checkbox"/>	or	<input type="checkbox"/> Concurrent registration
CN505 Psychopathology	<input type="checkbox"/>	or	<input type="checkbox"/> Concurrent registration
CN506 Legal & Ethical Issues	<input type="checkbox"/>	or	<input type="checkbox"/> Concurrent registration
Immunizations: Hepatitis B, MMR, Tdap, Varicella	<input type="checkbox"/>		
Screenings: TB, 10-panel Drug Screen, Criminal Background Check	<input type="checkbox"/>		
Trainings: CPR-Basic Life Support, HIPPA, OSHA, Bloodborne Pathogen	<input type="checkbox"/>		
Professional Liability Insurance	<input type="checkbox"/>		

I hereby affirm the above information to be true. Further, I understand that if I drop any of the above courses or fail to complete the required immunizations, screenings, trainings, and obtain proof of liability insurance I may be subject to dismissal from practicum and/or internship classes.

Date: _____

Signature of Student

Printed Name