

PRACTICUM DESCRIPTION FOR REGULAR AND EXPERIENCED PRACTITIONER APPLICANTS



Applicant Information

Name of Counselling Intern:	
Address:	
Name of agency/institution where practicum took place:	
Email:	Phone:

On-Site Supervisor Information

(This supervisor has primary responsibility for the student's work.)	
Name of Supervisor:	
Professional Title/Position:	Institution:
Academic Qualifications:	Professional Memberships:
Email:	Phone:

Practicum Information

Course Code and Title:		
Name of Practicum Course Professor:		Name of University:
Dates of Practicum (mm/yy) - (mm/yy), distribution of hours per week:		
Time Allotted for Supervision (hours/week): Total: _____	Total Number of Hours of Direct Client Contact (minimum of 150 hours is required in this category):	Total Hours of Practicum:
Direct (direct observation, video/audio taped sessions, co- counselling): hrs/wk: _____	Characteristics of client population (age, milieu, typical presenting problems, etc.):	
Indirect (case consultation, class meetings): hrs/wk: _____		

Summary of professional activities in which counselling intern participated (indicate proportion of hours/days, time devoted to each activity):

Type of supervision (provide a quick point description of actual activities completed – an additional page can be used if required):

Instruction

This form can be completed by the applicant, but it must be signed and forwarded to the CCTNB Registrar by the practicum professor/supervisor of the University where the training took place. If the professor is not available, the signature of the onsite supervisor is acceptable.

If you cannot locate either your practicum professor/coordinator or your practicum onsite supervisor, you will still need to complete this form, but you will also need, in lieu of your supervisor's signature, a signed letter from the Head of the Counselling Faculty of the University from whence you graduated. This letter, provided on official university letterhead, must indicate that in your year of graduation, a student completing a practicum in Counselling at that university typically had a minimum of 150 hours of direct counselling contact with clients during his/her/their practicum.

Signature: _____ Date: _____
Applicant/Counselling Intern

Name (Printed): _____ Date: _____
Practicum Professor/Coordinator

Signature: _____

Or

Name (Printed): _____ Date: _____
On-site Supervisor's Name and Title

Signature: _____