

Saint Mary's College of California
P.O. Box 4350, Moraga, CA 94575-4350
tel. 925.631.4700 fax 925.376.8379
www.stmarys-ca.edu/soe



KALMANOVITZ
SCHOOL OF
EDUCATION

MFT/PCC SUPERVISED FIELD PLACEMENT AGREEMENT

This MFT/PCC Supervised Fieldwork Agreement is entered into among the following parties:

SAINT MARY'S COLLEGE OF CALIFORNIA ("SAINT MARY'S")

_____ ("SUPERVISING ENTITY")

_____ ("SUPERVISOR")

_____ ("TRAINEE")

R E C I T A L S

A. SAINT MARY'S conducts a master's degree program in marriage and family therapy (MFT) and professional clinical counseling (PCC) designed to prepare students to become licensed marriage and family therapists (LMFTs) and licensed professional clinical counselors (LPCCs). As part of its program, SAINT MARY'S is required to provide its students with supervised fieldwork experience that meets the applicable requirements in California law (Cal. Bus. & Prof. Code §4980, et seq. and §4999.10, et seq.; 16 C.C.R. §1831 et seq.).

B. The SUPERVISING ENTITY is a governmental entity____
educational institution____ nonprofit, charitable corporation____
licensed health facility____ that has the capacity to provide supervised fieldwork experience for MFT/PCC students within the requirements of California law (Please check all spaces that apply to the SUPERVISING ENTITY'S status).

C. The SUPERVISOR is a licensed MFT____ PCC____ psychologist____ clinical social worker____ physician certified in psychiatry____ who provides services on the premises of the SUPERVISING ENTITY and is qualified to furnish the supervision required under California law for both MFT and clinical counselor trainees (Please check all spaces that apply to the SUPERVISOR'S status).

D. The TRAINEE is currently enrolled as a student in SAINT MARY'S masters' degree program for MFT/PCCs. The TRAINEE requires supervised fieldwork experience in order to complete the program.

A G R E E M E N T S

1. Responsibilities of SAINT MARY'S

Under this Agreement, SAINT MARY'S shall perform the following functions:

- a. Approve the SUPERVISING ENTITY for the TRAINEE.
- b. Give this Agreement to the SUPERVISING ENTITY, SUPERVISOR and TRAINEE detailing each party's responsibility.
- c. Coordinate the terms of this Agreement with the SUPERVISING ENTITY, SUPERVISOR, and TRAINEE.
- d. Provide forms to the SUPERVISING ENTITY, SUPERVISOR, and TRAINEE that they are required to complete under this Agreement or under any applicable law or standard.
- e. Evaluate the propriety of the supervised fieldwork experience provided for the TRAINEE in terms of the educational objectives of its MFT/PCC program.

2. Responsibilities of the SUPERVISING ENTITY.

Under this Agreement, the SUPERVISING ENTITY shall perform the following functions:

a. Provide the TRAINEE, (as either a paid employee or an unpaid volunteer,) with a minimum of _____ () hours per week of fieldwork experience, under the supervision of the SUPERVISOR, within the scope of practice of a MFT/PCC. TRAINEE shall not be considered by any party hereto to be an employee or agent of SAINT MARY'S. Such experience shall meet the requirements of the MFT scope of practice (Cal. Bus. & Prof. Code §4980.36 (d) (1) (B)) and the PCC scope of practice (Cal. Bus. & Prof. Code §4999.33(c) (3)).

b. Provide SAINT MARY'S with accurate information through the "Summary Sheet" (attached as Appendix A) and the "Field Placement Application" (attached as Appendix B) to be completed one time only by SUPERVISING ENTITY to verify to the California Board of Behavioral Science Examiners that the placement meets all legal requirements, that the TRAINEE is used in the manner required by law, and that the duties performed by the TRAINEE are within the scope of practice of a MFT/PCC.

c. Evaluate in an appropriate manner the credentials and qualifications of the SUPERVISOR and any employee who otherwise provides supervision to the TRAINEE.

d. Orient the TRAINEE and the SUPERVISOR to its policies and practices.

e. Provide adequate resources to the TRAINEE and the SUPERVISOR to allow them to provide clinically appropriate services to clients.

f. Notify SAINT MARY'S in a timely manner of any difficulties in the work performance of the TRAINEE.

g. Provide the TRAINEE and the SUPERVISOR with an emergency response plan that ensures the safety and security of the TRAINEE, the SUPERVISOR, and their clients.

h. Understand that Saint Mary's Graduate Counseling students (trainees) are required where possible to audiotape clients or students for the duration of this Agreement. Ensure that the Supervisor is aware of the student's requirement to audiotape and guide the Supervisor on the correct release forms appropriate for the agency or school in which the student is placed. Understand further that students may not audiotape, and must not be permitted to audiotape, if they have not obtained written permission from the client (or parent or legal guardian if the client is a minor or otherwise incapable of providing consent).

3. Responsibilities of the SUPERVISOR.

Under this Agreement, the SUPERVISOR shall perform the following functions:

a. Provide supervision of the TRAINEE's fieldwork experience at the SUPERVISING ENTITY in accordance with all laws and standards governing MFT/PCCs, and in accordance with the "Field Placement Application" (attached as Appendix B) .The SUPERVISOR shall monitor the quality of the TRAINEE's work through: direct observation___ video recording___ audio recording___ case presentation___ review of process and progress notes___ oral trainee report___ role playing___ other _____ (Please check all

spaces that apply to the TRAINEE'S work and fill in the relevant blank for "other," if necessary).

b. Sign and abide by the "Responsibility Statement for Supervisors for the MFT License".

c. Provide SAINT MARY'S with a current copy of his or her license, resume, certification of completion of a 6-unit supervision course, and immediately notify SAINT MARY'S and the TRAINEE of any action that may affect licensure.

d. Provide SAINT MARY'S with regular progress reports and provide SAINT MARY'S with an evaluation each quarter _____ semester_____ other_____ of the TRAINEE'S performance in the supervised fieldwork setting (Please check one space and fill in the relevant blank for "other," if necessary).

e. Review and sign the TRAINEE's "Marriage and Family Therapy Weekly Summary of Hours of Experience" log on a weekly basis.

f. Review and sign the "Marriage and Family Therapist Experience Verification" form.

g. Abide by the ethical standards for supervisors promulgated by the American Association of Marriage and Family Therapy, the California Association of Marriage and Family Therapists, the American Counseling Association, and CALPCC.

4. Responsibilities of the TRAINEE.

Under this Agreement, the TRAINEE shall perform the following functions:

a. Participate in the fieldwork experience at the SUPERVISING ENTITY under the oversight of the SUPERVISOR.

b. File the "Responsibility Statement for Supervisors of the MFT License" with the California Board of Behavioral Science Examiners within thirty (30) days after commencing the supervised fieldwork at the SUPERVISING ENTITY and provide a copy to SAINT MARY'S.

c. Maintain a "Marriage and Family Therapy Weekly Summary of Hours of Experience" log, to be reviewed and signed by the SUPERVISOR on a weekly basis.

d. Be responsible, together with the SUPERVISOR, for providing complete and accurate documentation to the California Board of Behavioral Science in order to gain hours of experience toward licensure.

e. Be responsible for learning those policies of the SUPERVISING ENTITY that govern the conduct of regular employees, volunteers, and trainees, and for complying with such policies.

f. Be responsible for participating in the periodic evaluation of his or her work at the SUPERVISING ENTITY and for delivering a written summary to SAINT MARY'S.

g. Be responsible for notifying SAINT MARY'S in a timely manner of any professional or personal difficulties that may affect the performance of professional duties and responsibilities at the SUPERVISING ENTITY.

h. Abide by the ethical standards of the American Association of Marriage and Family Therapy, the California Association of Marriage and Family Therapists, the American Counseling Association, and CALPCC.

i. Meet with SAINT MARY'S Faculty Advisor for assessment of the SAINT MARY'S 15 Personal & Professional Competencies.

j. Additionally, TRAINEE understands and agrees that TRAINEE is considered an employee of SUPERVISING ENTITY and not an independent contractor. TRAINEE must be able to provide documentation (e.g., receipts) if audited by the Board of Behavioral Science of this status.

5. Term.

The term of this Agreement shall commence on _____ 201__, and shall terminate on _____ 201__.

6. Termination.

a. All parties expect that the TRAINEE will complete the term of this Agreement.

b. SAINT MARY'S may terminate this Agreement with cause in accordance with its academic policies. The SUPERVISING ENTITY may terminate this Agreement with cause in accordance with its employment or volunteer policies.

c. Any party may terminate this Agreement at any time without cause by giving all other parties thirty (30) days' notice of its intention to terminate.

d. The ability of the TRAINEE or the SUPERVISOR to terminate this Agreement shall in no way affect his or her ability to terminate any written employment or volunteer arrangement with the SUPERVISING ENTITY. In the event that this Agreement or the TRAINEE's employment or volunteer arrangement with the SUPERVISING ENTITY is terminated for any reason, the TRAINEE and SUPERVISOR shall act in a

clinically appropriate manner with regard to clients and shall effectuate transfer to the care of other appropriate persons.

e. Prior to terminating this Agreement with or without cause, a party to this Agreement shall consult with all other parties to attempt to resolve any disagreements and/or disputes in order to complete the Agreement through its scheduled end date.

f. In the event of termination for any reason not related to cause or conduct created by the TRAINEE, SAINT MARY'S, SUPERVISOR, and SUPERVISING ENTITY shall attempt to enable TRAINEE to complete his or her experiential learning with a new SUPERVISOR or at an alternate SUPERVISING ENTITY.

7. Amendments.

This Agreement may be amended at any time with the consent of all the parties. Any such amendment must be in writing and must be signed by each party. This Agreement contains the entire understanding of the parties regarding their rights and duties under it. Any alleged oral representation or modification concerning this Agreement shall be of no force or effect unless contained in a subsequent written modification signed by all parties.

8. Indemnification.

The SUPERVISING ENTITY assumes all risk and liability for the acts or omissions of the TRAINEE, and therefore agrees to indemnify, protect, and release SAINT MARY'S and each and every SAINT MARY'S trustee, officer, agent, faculty member, and employee from all liability, losses, injury, damages, claims, suits, and fees, including attorneys' fees, costs or judgments, which may arise from the

TRAINEE'S performance of services while at the SUPERVISING ENTITY. The assumption of risk, liability, and indemnification under this Section 8 shall survive the termination of this Agreement.

9. Insurance

a. During the term of this Agreement, the SUPERVISING ENTITY shall maintain in force, at its own expense, a policy or policies of professional liability insurance with minimum limits acceptable to SAINT MARY'S. The SUPERVISING ENTITY shall provide SAINT MARY'S with a certificate from each insurer naming SAINT MARY'S as an additional insured and stating that the policy cannot be reduced in limits or coverage and cannot be cancelled or revoked without at least ten (10) days' prior written notice to SAINT MARY'S.

b. During the term of this Agreement, the SUPERVISING ENTITY shall maintain in force, at its own expense, workers' compensation insurance in a form consistent with California law acceptable to SAINT MARY'S covering the TRAINEE while performing services on behalf of the SUPERVISING ENTITY.

10. Notice

Any notice to any Party hereunder must be in writing and signed by the Party giving it, and shall be deemed given when mailed postage prepaid, first class, certified, or express mail, or other overnight mail service, or hand delivered, when addressed as follows:

FOR SUPERVISOR:

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

E-Mail _____

Telephone _____

FOR SUPERVISING ENTITY:

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

E-Mail _____

Telephone _____

FOR SAINT MARY'S:

Saint Mary's College of California

Kalmanovitz School of Education

c/o Diane Sus, M.A.

P.O. Box 4350

Moraga, CA 94575-4350

925-631-8891

For TRAINEE:

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

E-Mail _____

Telephone _____

Any Party may hereafter designate a new address or contact person by providing written notice of such change in address or contact as

may be appropriate. All such notices shall be effective only when received by the addressee.

IN WITNESS WHEREOF, each of the Parties hereto represents that this Agreement has been duly and regularly authorized and is binding upon the Party making such representation and the Parties hereto have executed this Agreement in no fewer than two (2) counterparts taking effect as of the Effective Date first stated above.

SAINT MARY'S COLLEGE OF CALIFORNIA

By: _____ Date: _____

SUPERVISING ENTITY

By: _____ Date: _____

SUPERVISOR

By: _____ Date: _____

TRAINEE

By: _____ Date: _____

APPENDIX A

SUMMARY SHEET

TRAINEE

Name: _____

Address: _____

City: _____

Phone: (Home) _____ (Cell) _____

E-mail: _____

Program Units Completed: _____

SUPERVISOR

Name: _____

Address: _____

City: _____ State: _____

Phone: (Home) _____ (Cell) _____

Liability Insurer: _____

Type of License: _____

LMFT: _____

LPCC (with additional MFT training): _____

Clinical Psychologist: _____

LCSW: _____

Board Certified Psychiatrist: _____

_____ Appropriate verification has been provided to the TRAINEE and attached to the Field Placement Application submitted to SAINT MARY'S.

TYPE OF WORK SETTING

ON-SITE OFF-SITE (Circle one)

Governmental Entity: _____

School, College or University: _____

Non-profit & Charitable Corporation: _____

Licensed Health Facility: _____

_____ Appropriate verification has been provided and attached to the Field Placement Application submitted to SAINT MARY'S.

_____ Site visit required.

TYPE OF SUPERVISION

_____ INDIVIDUAL (One hour per week minimum for each 5 client contact hours)

_____ GROUP (8 or fewer participants, 2 hours per week minimum for each 5 client contact hours)

METHODS OF SUPERVISION (Indicate all that will be used)

_____ Direct Observation

_____ Video Recording

_____ Audio Recording

_____ Case Presentation

_____ Process/Progress Note Review

_____ Oral Trainee Report

_____ Role Playing

_____ Other: _____

PERIOD OF EVALUATION

_____ Quarter

_____ Semester

_____ Other: _____

Today's Date: _____

State: _____ Zip: _____

Date Units Completed: _____

Zip: _____ State Issuing: _____

Expiration Date: _____

Coverage Amount: _____

Expiration Date: _____

Appendix B



FIELD PLACEMENT APPLICATION
MFT/PCC TRAINEES
Kalmanovitz School of Education
COUNSELING DEPARTMENT

This form is to be filled out completely by the Clinical Director. **We will be unable to consider incomplete applications.**
Thank you!

Name of Agency/School: _____

Executive Director: _____

Clinical Director: _____

Telephone Number: _____

E-mail: _____ FAX: _____

Number and Street
_____ Number and Street City Zip

Additional Location
_____ Number and Street City Zip

Additional Location
_____ Number and Street City Zip

Mailing Address
_____ Number and Street City Zip

Your Name and Position/Title _____
(Person completing form)

Mailing Address _____
Number and Street City Zip

Telephone Number _____ E-mail _____

TYPE OF WORK SETTING

A supervised fieldwork setting is a governmental entity, a school, college, or university, a non-profit and charitable corporation, or licensed health facility as defined in Section 4980.43 (e) of the California Business and Professions Code. Please check the appropriate space provided below.

| | |
|---|--|
| _____ Governmental Agency | _____ School, College or University |
| _____ Licensed Health Facility (Attach a copy of the license.) | _____ Non-Profit and Charitable Corporation 501(c)(3) as defined in Sections 1250.2, 1250.3 of the California Health and Safety Code. (Attach a copy of license of official documentation of non-profit status.) |

Number of years in existence: _____ years

A **trainee** is an unlicensed person who is currently enrolled in a master's or doctor's degree program, as specified in Sections 4980.36 and 4980.37 (for the LMFT) and Section 4999.32 and 4999.33 (for the LPCC) of the California Business and Professions Code, that is designed to qualify him or her for licensure under this chapter, and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program as defined by section 4980.03 (c) (for the LMFT) and 4999.12(g) (for the LPCC) of the California Business and Professions Code.

Will work be performed by trainees at a setting where the agency regularly conducts business (on-site) and/or away from the actual agency setting (off-site)? **Please respond in detail:**

If any work is performed by trainees away from the agency setting, please describe the employer/supervisor monitoring, supervision, and emergency procedures. These can include but are not limited to pager/beeper system, on-call supervisor, psychiatric back-up, and cellular telephone. Please detail your response including issues of consumer protection and the protection of the trainee.

Description of Services Provided to Population Served/Agency Mission Statement.
We are particularly interested in identifying placements that offer richness in ethnic and cultural diversity in terms of both staff and population served. Please address this in your response.

Training Opportunities: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Aging | <input type="checkbox"/> Children | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Expressive Arts | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Family | <input type="checkbox"/> Chronic/Terminal |
| <input type="checkbox"/> Multicultural | <input type="checkbox"/> LGBTQI | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Incest/Sexual |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Affective Disorders | <input type="checkbox"/> Abuse |
| <input type="checkbox"/> Brief Therapy | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Anxiety, Phobias, |
| <input type="checkbox"/> Women's Issues | <input type="checkbox"/> Men's Issues | <input type="checkbox"/> Panic Disorders |
| <input type="checkbox"/> Career | <input type="checkbox"/> Low Income | |
| <input type="checkbox"/> Other (please list) | _____ | |
| | _____ | |

Saint Mary's College of California Counseling Department Supervision Notification:

Saint Mary's requests that all students attempt to audiotape sessions with clients or students throughout their field placement. Students are assigned a Counseling Department (CD) Supervisor before entering their field placement. CD Counseling Skills Supervisors meet with students approximately 6 times in the fall, and 6 times in the spring. Students are encouraged to tape often. These tapes are used for educational purposes only, and no identifying information is heard or identified in the course of the CD Supervision. All materials are destroyed after the CD supervision session. Students are required by law to obtain written consent from the client in order to audiotape a session. Students will not record the session if the client has refused to provide written consent. These consent forms should be reviewed by the clinic or school to ensure that they are in compliance with their individual regulations. To the extent that the client or student is a minor or incapable of providing legal consent, consent for audiotaping of the sessions will need to be obtained from client [or parent(s) or legal guardian(s)].

SUPERVISION

Each **supervisor** has had sufficient experience, training and/or education in the area of clinical supervision to competently supervise trainees or interns. Each supervisor is a currently licensed marriage, family, and child counselor (LMFT/Section 4980.03(g) of the California Business and Professions Code); professional clinical counselor (LPCC/Section 4999.12(h) of the California Business and Professions Code); clinical psychologist; clinical social worker (LCSW); or licensed physician certified in psychiatry (must be licensed a minimum of two years and complete a minimum of six (6) hours of supervision training as defined in Section 1821 and 1833.1 of the California Business and Professions Code). (Note: Board eligibility in psychiatry does not mean Board certified.) Also please note: *MFT trainees cannot be supervised by LPCC supervisors unless they have completed the additional training and education requirements specified in paragraph (3) of subdivision (a) of Section 4999.20 (of the California Business and Professions Code).*

Please provide the following information for each supervisor who will be providing either individual or group supervision to trainees. In addition, please attach a copy of each supervisor's license.
.....

Persons licensed by the board who provide supervision shall complete a minimum of six (6) hours of supervision training or coursework in each renewal period while providing supervision (Section 1821 (LPCC) and Section 1833.1(LMFT) of the California Business and Professions Code). This training or coursework may apply towards the continuing education requirements set forth in Sections 4980.54, 4996.22, and 4999.76 of the California Business and Professions Code.

Please provide documentation of supervision training units required by BBS.

Supervisor I

Name: _____

Day Phone No: _____ Evening Phone: _____

Email: _____

Date Licensed Issued _____ Renewal Date: _____

Expiration Date: _____

Type of License (Give Number) _____
_____ LMFT _____ Clinical Psychologist
_____ LCSW _____ Board Certified Psychiatrist
_____ LPCC

Theoretical Orientation: (Please describe)

Will Supervisor be providing individual supervision, group supervision or both?

Please circle: INDIVIDUAL GROUP BOTH
.....

Supervisor II

Name: _____

Day Phone No: _____ Evening Phone: _____

Email: _____

Date Licensed Issued _____ Renewal Date: _____

Expiration Date: _____

Type of License (Give Number) _____
_____ LMFT _____ Clinical Psychologist
_____ LCSW _____ Board Certified Psychiatrist
_____ LPCC

Theoretical Orientation: (Please describe)

Will Supervisor be providing individual supervision, group supervision or both?

Please circle: INDIVIDUAL GROUP BOTH

.....

Supervisor III

Name: _____

Day Phone No: _____ Evening Phone: _____

Email: _____

Date Licensed Issued: _____ Renewal Date _____

Expiration Date: _____

Type of License (Give Number) _____

| | |
|------------|------------------------------------|
| _____ LMFT | _____ Clinical Psychologist |
| _____ LCSW | _____ Board Certified Psychiatrist |
| _____ LPCC | |

Theoretical Orientation: (Please describe)

Will Supervisor be providing individual supervision, group supervision or both?

Please circle: INDIVIDUAL GROUP BOTH

Types of Supervision:

Face-to-face supervisor contact must be provided for each week of experience claimed according to California Business and Professions Code 4980.43(c). A trainee shall receive at least one hour of direct supervisor contact for every five hours of client contact in each setting. One hour of direct supervisor contact means one hour per week of face-to-face contact on an individual basis or two hours per week of face-to-face contact in a group. The California Board of Behavioral Sciences now (as of 8/1/2012) requires 280 hours of face-to-face contact time for all clinical

counselor trainees (BBS Statutes and Regulations #4999.33); all of SMC's MFT/PCC counseling students meet the educational requirements for clinical counselors as well as for MFTs. Therefore, over the course of the academic year (20 hours a week in the field most weeks), approximately half of their time needs to be in direct contact with clients, as described in the law (Board of Behavioral Sciences Laws and Regulations, 2012 retrieved from <http://www.bbs.ca.gov/pdf/publications/lawsregs.pdf>).

Units of supervision provided: _____ Individual _____ Group
 (average per week) (2hr/week minimum) (4 hrs/week minimum)

How often is individual supervision provided? _____

How often is group supervision provided? _____

Methods of Supervision:

Please check all that apply:

| | <u>Individual</u> | <u>Group</u> |
|--------------------------|-------------------|--------------|
| Case Presentation | _____ | _____ |
| Live Supervision | _____ | _____ |
| Video Taping | _____ | _____ |
| Audio Taping | _____ | _____ |
| Process & Progress Notes | _____ | _____ |
| Role Play | _____ | _____ |
| Student Verbal Report | _____ | _____ |
| Other: _____ | | |
| _____ | | |
| _____ | | |

RESPONSIBILITIES OF A TRAINEE

Average number of hours trainees and supervisors are at the agency on a weekly basis.

_____ Trainees _____ Supervisor I _____ Supervisor II _____ Supervisor III

Please describe in detail the fieldwork experience and responsibilities the trainee will have at your agency. This experience must be within the scope of practice of a marriage and family counselor and a professional clinical counselor, including the following as defined by Sections 4980.43 for LMFT and 4999.33 & 4999.20 for LPCC of the California Business and Professions Code:

applied psychotherapeutic techniques _____

assessment _____

diagnosis _____

client-centered advocacy _____

prognosis _____

treatment planning _____

discharge _____

treatment of couples _____

treatment of family and child relationships _____

health promotion and illness prevention _____

Please attach a copy of any contract that you require trainees to sign.

Average number of client contact hours per week that trainees are assigned: A minimum of 280 client contact hours is required by the BBS for completion of the clinical counselor trainee practicum; hours engaged in client-centered advocacy may count towards the 280 hours. This averages out to 10 clients per week for a 9-month period. Clients should be assigned by no later than week three of the first semester of practicum.

Indicate percentage (%) of trainee case loads:

_____ Individual _____ Couple _____ Child
_____ Adolescent _____ Family _____ Group

Do you have inservice training as a part of your program? _____ Yes _____ No

Frequency of training: _____

Time/Day of the week training is scheduled: _____

Describe your training program. Please attach copies of your training syllabus and reading list.

How do you integrate issues of diversity into your training experience?

Does your agency provide training around specific theoretical orientations?
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Psychodynamic | <input type="checkbox"/> Narrative |
| <input type="checkbox"/> Cognitive-Behavioral | <input type="checkbox"/> Brief Therapy |
| <input type="checkbox"/> Sand Tray | <input type="checkbox"/> Control Mastery |
| <input type="checkbox"/> Expressive Arts | <input type="checkbox"/> Couple/Conjoint |
| <input type="checkbox"/> Structural | <input type="checkbox"/> Bowenian |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Strategic | <input type="checkbox"/> Other _____ |

TERMS OF EMPLOYMENT

Is your placement open for Intern(s)? [An intern is an unlicensed person who has earned a master's or doctoral degree qualifying him for licensure and is registered with the Board as defined by 4980.03 (b) for MFT and 4999.12 (f) for LPCC of the California Business and Professions Code.]

Yes No

EMPLOYMENT STATUS OF TRAINEES:

EMPLOYMENT STATUS OF INTERNS:

- | | |
|--|--|
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> W-2 Employee Rate of Pay _____ | <input type="checkbox"/> W-2 Employee Rate of Pay _____ |
| <input type="checkbox"/> Stipend Amount _____ | <input type="checkbox"/> Stipend Amount _____ |

What is your application process? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Initial Telephone Contact | <input type="checkbox"/> Resume |
| <input type="checkbox"/> Formal Application | <input type="checkbox"/> Personal Statement |
| <input type="checkbox"/> Letter(s) of Recommendation | <input type="checkbox"/> Other _____ |

Describe interviewing process: Individual Group

Other: _____

Application Deadline for Trainees: _____ for Interns: _____

Hiring Date for Trainees: _____ for Interns: _____

Start Date for Trainees: _____ for Interns: _____

Period of Traineeship:

From: _____ To: _____

Period of Internship:

From: _____ To: _____

Number of hours per week required of trainee: _____ of intern _____

Mandatory time commitments (please include as much information as possible, including day, week and time of staff meetings, trainings, etc., if applicable.)

Trainees: _____ Interns: _____

I have filled out this application or have directed it to be filled out and have reviewed it. I believe the information to be complete and accurate.

Signature of Clinical Director

Signature of Employer

Date

Date

Please review the accompanying Supervised Fieldwork Agreement and sign below indicating that the agency understands and will agree to abide by the terms of the agreement.

I have read and reviewed the attached Field Placement Agreement, and I know that in order to employ trainees from Saint Mary's College MFT/PCC Graduate Programs I will need to abide by the terms of this agreement and by the law as stipulated by the BBS.

Signature of Clinical Director

Date

Please send to:

Diane Sus, MA
Admissions and Field Placement Coordinator
Counseling Department
Kalmanovitz School of Education
Saint Mary's College
P.O. Box 4350
Moraga, CA 94575