## Student Practicum and Internship Agreement

*Directions: Please complete this form and submit a copy to your University supervisor.*

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| **STUDENT PRACTICUM AND INTERNSHIP AGREEMENT** | | | |
| **Agreement** | | | **Student’s Initials** |
| 1. I hereby attest that I have read and understood the ethical codes and standards associated with my course of study (i.e. American Counseling Association – Community Counseling; American School Counselor Association - School Counseling). I will practice counseling in accordance with these standards. I understand that any breach of these ethical codes or unethical behavior will result in an initiation of the Fitness to Practice process and removal from practicum and/or internship and a failing grade may result. | | |  |
| 1. I agree to adhere to the administrative policies, rules, standards, and practices of my Practicum and/or Internship site. If said policies conflict with the University’s, professional ethical codes, or legal requirements, I will report these conflicts to my University supervisor. | | |  |
| 1. I understand that it is my responsibility to keep my Practicum and/or Internship supervisor(s) informed regarding my Practicum and/or Internship experiences. | | |  |
| 1. I understand that to earn a passing grade in Practicum and/or Internship, I must complete all course requirements and demonstrate the minimal level of counseling skills, knowledge and competence. | | |  |
| 1. I agree not to divulge any information regarding client material, case information, identifying information, concerns, etc. to any party outside of my supervision and class meetings. Failure to adhere to Federal and/or State confidentiality guidelines/statues will constitute a breach of ethics and unprofessional conduct. | | |  |
| 1. I agree to absolve UTSA/COEHD of any liability in the performance of my counseling practicum and/or internship activities for the current semester. | | |  |
| 1. I hereby attest that I have read the Fitness to Practice Policy in the COEHD’s student manual. | | |  |
| 1. I have provided verification of professional liability insurance to my University supervisor before seeing clients at my site. | | |  |
| **Applicant Certification**  I verify that the information provided is correct | | | |
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| Student Signature | Printed Name | Date | |
| Banner ID: |  |  | |