**MARIST MA CLINICAL MENTAL HEALTH COUNSELING (CMHC) Page 1 of 4**

## CLINICAL EXPERIENCE AGREEMENT

**STUDENT INSTRUCTIONS:** Complete Sections 1 & 3. Review Appendices and sign and date Section 4.

**SUPERVISOR:** Complete Section 2. Review Section 3 and Appendices, and sign and date Section 4. Keep the Appendices

**RETURN PAGES 1 & 2 of this Form Directly to:**

Peter M. del Rosario, Ph.D., Clinical Experience Coordinator - CMHC Program, Marist College, 3399 North Rd., Poughkeepsie, NY 12601; Email: Peter.delRosario@marist.edu Phone: 845.575.3000, ext. 2544 ; Fax: 845.575.3965

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**SECTION 1: STUDENT INFORMATION:**

1. Marist Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Telephone Numbers:

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Marist Email Address(Students MUST use their MARIST EMAIL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Liability Insurance (check one): I □HAVE **/** □HAVE NOT acquired professional liability insurance.

**SECTION 2: SUPERVISOR & SETTING INFORMATION**

1. Print Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Supervisor Qualifications: I am licensed in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a (check one):

□Licensed Psychologist □LMHC □LCSW\* □Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: The LMSW is NOT permitted to be a clinical supervisor under NY State Licensure Regulations.

3. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Telephone Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Name of the Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Verification of Authorization: The Setting is currently legally authorized by virtue of state license, operating certificate, or legal incorporation to provide professional mental health services by the (check all that apply):

\_\_\_\_\_\_ NY State Office of Mental Health \_\_\_\_\_\_ NY State Office Alcohol and Substance Abuse Services

\_\_\_\_\_\_ NY State Department of Health \_\_\_\_\_\_ NY State Office of Persons With Developmental Disabilities

\_\_\_\_\_\_ Professional Limited Liability Corporation (PLLC), Limited Liability Corporation (LLC), or Private Corp (PC)

\_\_\_\_\_\_ by other legal authorization (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3. SCHEDULING INFORMATION Page 2 of 4**

1. Courses and Semester(s) Covered Under This Agreement (Check all that apply; Note: Each course is 3 credits..):

□COUN700L PRACTICUM □COUN710N INTERNSHIP 1 □COUN711N INTERNSHIP 2

□ Summer – year: \_\_\_\_\_\_\_ □ Fall – year: : \_\_\_\_\_\_\_ □ Spring – year: \_\_\_\_\_\_\_

2. Estimated Weekly Work Schedule(s), for example, Mon 9am-4pm, etc. List the schedule below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Do not schedule Internship Hours during times when classes meet.

3. Estimated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Finish Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notes: Students may START internship work when classes officially start for the respective semester.

 Students must FINISH internship work by the middle of finals week for the respective semester.

4. Disclosure of Student’s Approved Time off. Identify approved time-off periods on the line below.

 Note: Time off from internship is subject to the approval of the Site Supervisor. Students are NOT necessarily entitled to breaks associated with the academic calendar such as winter break or spring break. List dates of time off so that ALL PARTIES are aware of intended time off from internship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4. ATTESTATIONS & SIGNATURES**

The explanation of terms that appear in the attestations below and a description of the basic expectations regarding supervision are described in the Appendix (pp. 3-4 of this set of forms).

1. Student Attestation: My information and statements made in this Internship Agreement are complete and correct. I have read and understood the Appendices. I agree to engage in the Internship EXPERIENCE required by the NY State Education Department and Marist MA in Mental Health Counseling program to gain skills in the PRACTICE OF MENTAL HEALTH COUNSELING, at the SETTING and under the SUPERVISOR named in this agreement. I understand that I will receive SUPERVISION and engage in SUPERVISION ACTIVITIES. I agree to conduct professional activities within American Counseling Association code of ethics.

Student’s signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Supervisor Attestation: My information and statements made in this Internship Agreement are complete and correct. I have read and understood the Appendices. I confirm that the SETTING meets the necessary requirements as a legitimate site for the PRACTICE OF MENTAL HEALTH COUNSELING. On behalf of my SETTING, I agree to host the above student and provide a training EXPERIENCE including a variety of clinical responsibilities within the PRACTICE OF MENTAL HEALTH COUNSELING, and SUPERVISION and SUPERVISION ACTIVITIES in accordance with the NY State Education Department and Marist MA in Mental Health Counseling program requirements. I understand that I am responsible for delegating activities to the student. I further understand that I am legally and professionally responsible for the assessment, evaluation, and treatment of each patient/client seen by the supervisee/student. I agree to conduct supervision activities within my respective professional code of ethics.

Supervisor’s signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Marist MA in CMHC Clinical Experience Coordinator: On behalf of Marist College, I have read and understood the Appendices, and I approve of the agreement between the Student and the SUPERVISOR in the creation of an EXPERIENCE for training in the PRACTICE IN MENTAL HEALTH COUNSELING, at an acceptable SETTING. I agree to accept this experience towards meeting the requirements for the Marist MA in Mental Health Counseling degree and the NY State Education Department’s LMHC internship guidelines. I agree to conduct Marist’s role in the internship within the respective professional code of ethics.

Marist MA CMHC Clinical Experience Coordinator’s signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Submit Agreement to the Clinical Experience Coordinator LAST for review and signature.

**RETURN PAGES 1 & 2 of this Form Directly to:**

Peter M. del Rosario, Ph.D, Director MA CMHC Program, Marist College, 3399 North Rd., Poughkeepsie, NY 12601.

Email: Peter.delRosario@marist.edu Phone: 845.575.3000, ext. 2544 Fax: 845.575.3965

**APPENDIX A: DEFINITIONS OF TERMS Page 3 of 4**

**NY State Education Department, CACREP, and Marist MA MHC Internship Requirements:**

SETTING Requirements for the Internship Experience:

* The setting in which the experience is obtained must be a location at which legally authorized individuals provide services that constitute the practice of mental health counseling, as defined in State Department of Education Law. The setting must have a license to operate from NY OMH, DOH, OASAS, OMRDD, or similar state agency, and employ licensed professionals and provide services that are restricted, or
* The setting in which the experience is obtained may be a professional corporation, that is, a PLLC, LLC, or PC, owned and operated by licensed professionals.
* The setting must be responsible for the services provided by individuals gaining experience for the MA in MHC degree.
* The setting **cannot** be a private practice owned or operated by the student.

PRACTICUM EXPERIENCE Requirements:

* Students must submit documentation of completion of a supervised experience of at least 100 clock hours providing mental health counseling in an acceptable setting. At least 40 of the 100 hours should be direct service to clients.

INTERNSHIP EXPERIENCE Requirements:

* To meet the experience requirement for the Marist MA MHC degree AND NY State licensure as a mental health counselor, students must submit documentation of completion of a supervised experience of at least 600 clock hours providing mental health counseling in an acceptable setting. A minimum of 240 of the 600 hours should be direct service to clients. The supervised experience must be obtained before completion of the master's degree.

The PRACTICE OF MENTAL HEALTH COUNSELING is defined in Education Law as:

* the evaluation, assessment, amelioration, treatment, modification, or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationships by the use of verbal or behavioral methods with individuals, couples, families or groups in private practice, group, or organized settings; and
* the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate mental health counseling services.

SUPERVISION of Experience: The site supervisor must:

* be a direct employee (not a consultant) of the Setting,
* have completed a master's or higher degree program in counseling, or in the subject of the field in which the supervisor is licensed (see below), or another field related to the field of counseling; and
* be licensed and registered in New York State (or another state) to practice mental health counseling, medicine, as a physician assistant, psychology, licensed clinical social work, or as a registered professional nurse or nurse practitioner.

SUPERVISION ACTIVITIES: There must be contact between the student and the student’s supervisor during which:

* the supervisor or other relevant personnel provide an orientation to the setting, policies and procedures, and internship responsibilities;
* the supervisor provides an informed consent to supervision that includes of the expectations of the supervisory process, ethical issues, supervisor-supervisee confidentiality and limits, etc.;
* the student apprise the supervisor of the assessment and treatment of each client;
* the student’s cases are discussed with the supervisor;
* the supervisor must provide the student with oversight and guidance in assessment and evaluation, treatment planning, completing psychosocial histories and progress notes, individual counseling, group counseling, psychotherapy, and consultation; and
* the supervisor must provide an average of 1 hour/week or 2 hours every other week of in-person individual or triadic supervision
* whenever possible, legal and ethical use of supervisor’s live observation or audio/video recordings of students’ counseling work are recommended for use in the supervisory process;
* there will be a mid-point informal evaluation of the supervisee’s performance
* there will be a formal evaluation of the supervisee’s performance as the student completes the semester.

MARIST FACULTY SUPERVISION:

* A Marist faculty member will provide an academic component to the Internship experience, which will include group supervision meetings of internship students.
* The Marist faculty member will consult with the site supervisor at least every 3-4 weeks to monitor the student’s progress, and the quality of the site’s field experience, and share relevant information about the student with the site supervisor.
* The Marist faculty member will assign the course grade with input from the Site Supervisor.

**APPENDIX B: BASIC SUPERVISION ACTIVITIES Page 4 of 4**

Supervision activities are delineated by the NYS MHC Licensure requirements and the CACREP accreditation standards. Below is a list of expectations of basic supervision activities.

* the supervisor must provide an average of one hour per week or two hours every other week of in-person individual or triadic supervision;
* the supervisor or other relevant personnel provide an orientation to the setting, policies and procedures, and internship responsibilities;
* the supervisor provides an informed consent to supervision that includes of the expectations of the supervisory process, ethical issues, supervisor-supervisee confidentiality and limits, etc.;
* the student apprises the supervisor of the assessment and treatment of each client;
* the student’s cases are discussed with the supervisor;
* the supervisor will provide a training experience including a variety of clinical responsibilities within the scope of practice of clinical mental health counseling;
* the supervisor must provide the student with oversight and guidance in assessment and evaluation, treatment planning, completing psychosocial histories and progress notes, individual counseling, group counseling, psychotherapy, multicultural counseling, and consultation; and
* whenever possible, legal and ethical use of audio/video recordings of students’ counseling work are recommended for use in the supervisory process;
* if recordings are not permitted or not possible, the supervisor should at times engage in live observation of the trainee’s session, and/or co-leading session with the trainee in order to directly observe the trainee;
* the supervisor will have periodic consultations with the intern’s Marist faculty supervisor;
* there will be informal formative evaluation of the supervisee’s performance provided throughout the clinical experience, particularly at the mid-point of the semester;
* there will be a formal documentation of a final summative evaluation of the supervisee’s performance as the student completes the semester course in practicum or internship.