



Department of Applied Psychology
Clinical Mental Health Counseling Program

PRACTICUM / INTERNSHIP CONTRACT

AGENCY NAME: _____

PROGRAM/UNIT: _____

ADDRESS: _____

TELEPHONE: _____

SUPERVISOR'S NAME, DEGREE & TITLE:

INTERN'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

PRO SEM LEADER: _____

SUPERVISOR'S EMAIL:

This is an agreement between Antioch University New England and _____
Agency Name

regarding the placement of _____, enrolled in the CMHC or DMT program.
Intern's Name

(1). I, _____, will be an intern at _____
from (specify starting and ending dates): _____ for a minimum
of 600 hours (CP) / 450 hours (DMT) over 9 months. As an intern, I will be free to attend classes at
Antioch on Tuesday of each week. I will take the following vacations (dates):

(2). As an intern, I will engage in the following activities:

a. individual counseling with (specify numbers and types of clients): _____

b. group leadership with (specify numbers and types of groups): _____

c. social systems interactions, e.g., families (specify type of interactions):

d. other activities specific to the site: _____

(3). Audio/Visual Taping: Five “live work samples” are required for the Practicum and three for each semester of the Internship.

(4). The intern will receive supervision from the following Field Supervisors:

(a). Primary Supervisor’s name, degree, and number of hours of supervision each week:

(b). Supplementary Supervisor’s name, degree and hours, if applicable:

(c). the primary supervisor will write a mid-year and end of the year evaluation of the intern’s work. If there is a secondary supervisor, their input will be solicited by the primary supervisor and included as part of the evaluation. Antioch will provide the forms at the appropriate times.

(5). During the practicum/internship the intern will participate in a weekly meeting of the Professional Seminar at Antioch. The Professional Seminar Leader will be responsible for monitoring the the progress of the practicum/internship experience and conducting a Traineeship Meeting with the supervisor and intern. This is a face-to-face meeting for the purpose of reviewing the progress of the practicum/internship, setting new goals if warranted and to address any issue identified by the student, supervisor or Professional Seminar leader. The Clinical Mental Health Counseling Program sets aside a day (to be announced) at Antioch to have the traineeship meetings as well as to provide a program of professional training with CEU credits for supervisors.

(6). The Practicum/Internship site will provide a clinical instruction environment that is conducive to the training of mental health counselor interns. This includes the following:

- a. space for individual counseling and/or small group work that allows for privacy, comfort and opportunity for the appropriate use of equipment such as audio/visual taping;
- b. procedures that ensure that client rights and confidentiality are protected;
- c. oversight of the intern’s work at the site and regular consultation with the intern’s Professional Seminar Leader.

(7). It is understood that the intern will not be compensated for his/her work except if stipend or travel money is available.

(8). The intern is covered by a professional liability policy provided by Antioch University New England. Coverage under this policy is one (1) million dollars per claim and three (3) million aggregate.

(9). The **learning goals** for the Practicum/Internship are listed below or attached on a separate sheet.

List here learning goals as developed by intern and supervisor at the placement. It is important to review the counseling competencies and to use them as reference points in listing the intern's goals. Also, the goals need to be related to the work done at the site. Keep goals as specific as possible and include both personal and professional goals. The Professional Seminar leader will review these goals after they have been formulated.

Intern: _____ Date: _____

Supervisor: _____ Date: _____

Professional Seminar Leader: _____ Date: _____

Director of Internships: _____ Date: _____

**Please make four copies and have your supervisor sign all copies as well as yourself. Submit them to your Professional Seminar Leader, who will sign them and forward them to the internship office. They will be returned via your Professional Seminar Leader.