

Application for Worksite Practicum Placement

Students: This application must be completed and approved BEFORE any student can log practicum hours within their place of employment. Students who fail to submit this application by the assigned deadline may be refused a worksite practicum placement.

This application must be completed ENTIRELY and emailed/ delivered to the Director of Field Education for approval. Students will receive notice from the Director when/if the application is approved and they can begin to log hours.

Please consult the Student Field Education manual to learn the guidelines and restrictions related to worksite practicum placements.

Student Completes this Section of the Application

1. Student's Name: _____
2. Employment Organization Name: _____
3. Name of Current Supervisor: _____
4. Name of Current Department/ Program: _____
5. Name of Supervisor for practicum: _____
6. Name of Department/Program for practicum: _____
7. Reason why you want to complete practicum at your worksite: _____

8. Do you have a previous relationship with your practicum supervisor (friend, family, paramour, previous supervisor, etc.)? Yes ___ No ___ ,
if yes, describe _____

Students are required to demonstrate that NEW LEARNING will occur in their role as intern versus employee. Please use the chart below to describe the differences. Be detailed and specific for approval.

Typical Duties in my current Employment Role	Proposed Duties in my Practicum/ Intern Role
1.	
2.	
3.	
4.	
5.	
6.	

Students are required to intern during hours that are distinct and NEVER overlap with employment hours for which they are paid. Please use the chart below to describe the differences. Include both the start and end time.

	Employment Hours (Start/ End Time)	Practicum Hours (Start/ End Time)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

This Section is to be completed by the Student's Practicum Supervisor/Field Instructor

Practicum Supervisor Name: _____

Email address: _____

Telephone number: _____

Do you have a dual relationship with this student (family, friend, previous supervisor, paramour, spouse)? Yes No

The student has made me aware of the requirements for their placement and I am willing to follow all of the Department guidelines to serve as a field instructor for this student. Yes No

By signing below, I agree that we will follow all specifications as described in this application. If changes are required, I agree to contact the Director of Field Education to update/revise this application. I am aware that students ARE NOT allowed to be paid for employment at any time during practicum hours.

Student Signature

Date

Practicum Supervisor Signature

Date

Director of Field Education

Approval Date:

If application is not approved, please describe reasons why here.