

PSYCHOLOGY PRACTICUM REGISTRATION FORM

Use this form to request registration in PSYCH 394: Practicum: Counseling Psychology Course.

PSYCH 394 provides practical application of assessment, counseling, consultation and case management skills in an approved mental health setting.

- ✓ Students must have advanced to Traineeship Candidacy Status by submitting the Traineeship Candidate Form to Psychology Department Chair, Dr. Tom Wooldridge, for review.
- ✓ Students are required to complete a minimum of 300 clinical hours during the program. A maximum of 75 hours performing client-centered advocacy may be accrued, with the remaining hours consisting of face-to-face counseling with individuals (adults, children, adolescents), couples, families or groups.
- ✓ Supervision must be provided by an on-site practicum supervisor as per Board of Behavioral Science regulations.
- ✓ Students will attend a practicum seminar that will provide group consultation utilizing written case studies and oral case presentations. Additional topics of human diversity and legal/ethical concerns will be highlighted. Students are required to meet with clients and their families in volunteer and in-class settings.
- ✓ Students are required to enroll in the PSYCH 394 seminar course during every term that they will be participating in their traineeship placement. If the placement will cover five weeks or less of the term and the hours gained during that period are not needed to fulfill the 300-hour requirement, then registration in the PSYCH 394 seminar course is not required that term.
- ✓ Students are expected to complete their placement through the dates as agreed upon in the *Supervised Fieldwork Agreement*.

*Students in the MA.PSY.MFT or MA.PSY.MFINO programs will have different hour and unit requirements depending on the academic catalog year your program started. See your Graduate Advisor for details.

Prerequisite: PSYCH 320, 321, and 326. Consent of the department chair is required.

TRAINEESHIP REGISTRATION PROCEDURES:

Note: Procedures for finding a traineeship are listed in the Psychology Student Handbook. The instructions below describe steps required after you have found a placement offer.

First term in the traineeship:

- 1) Submit a copy of your offer letter to the Psychology Department Chair, Dr. Tom Wooldridge, along with this form. Indicate the term, the number of units, and the section you prefer. Note: For students starting their program Fall 2017 or later, the course must be taken for 3 units each term.
- 2) If this site has not been approved before, you must also submit the *External Field Placement Application* form.
- 3) Once Dr. Wooldridge has approved your placement, your supervisor will need to fill out the *Supervised Fieldwork Agreement* and *BBS Form 37A-523 - Supervisor Responsibility form*.
- 4) **International students only:** If you are in F-1 or J-1 student status, you will also need to obtain CPT employment authorization from your Graduate Advisor (DSO). Submit this form along with a copy of your offer letter to your Graduate Advisor (DSO) after the Department Chair has signed to indicate approval. Allow five business days for processing. **Note: You should not start your traineeship until you have received your CPT I-20!**
- 5) Submit this form to the Registrar's Office for registration in PSYCH 394. Check your registration in GGU4YOU.

After the first term in the traineeship:

- 1) Send an e-mail to Psychology Department Chair, Dr. Tom Wooldridge, with a request for registration. Indicating which section you would like to register for. If any details of your offer have changed, such as the offer dates, please submit an updated letter.
- 2) **International students only:** If any details of your offer have changed, such as the offer dates, please be sure to contact your Graduate Advisor (DSO) so that your CPT authorization can be updated.

GOLDEN GATE UNIVERSITY

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STUDENT INFORMATION:

Student's GGU ID: _____ Student's name: _____
(Family/Last) (First/Given)
Degree Program : ☐ MA.COUN.PSY ☐ MA.PSY.MFT ☐ MA.PSY.MFINO Catalog year (see EVAL): _____
Day phone: _____ Email address: _____
Are you an international student in F-1 or J-1 status? ☐ Yes ☐ No

TRAINEESHIP INFORMATION:

Name of Mental Health Organization: _____
Address of Mental Health Organization: _____
Will actual hours be performed at a different location? If so please specify the name and address where you will be conducting your traineeship: _____

Traineeship start date: _____ Traineeship end date: _____
Supervisor Name: _____ Supervisor Email: _____
Supervisor Phone number: _____

COURSE INFORMATION:

Term: ☐ Fall Trimester ☐ Spring Trimester ☐ Summer Trimester Year: _____
Number of Units: _____ Section: ☐ SF1 ☐ SF2
If you are dropping a course to be replaced by this course, list course number you are dropping: _____

Student Signature: _____ Date: _____

DEPARTMENT CHAIR APPROVAL:

I approve the traineeship experience outlined above to meet all or part of the traineeship requirement for the MA.COUN.PSY (or MA.PSY.MFT/MA.PSY.MFINO) program.

Department Chair: _____ Date: _____
(Print) (Sign)

Notes (if applicable): _____