

# PACIFICA GRADUATE INSTITUTE

## M.A. PRACTICUM SITE APPROVAL CHECKLIST AND STEP-BY-STEP PROCEDURES

In order to receive approval for your site, you are responsible for submitting the following practicum forms to Pacifica Graduate Institute's Counseling Psychology Practicum Office. You must have an approved supervised practicum site to enroll in CP 610, Clinical Practice I, which begins the six quarter sequence of Clinical Practice courses.

### Documents required for all supervised practicum site approvals:

- M.A. Practicum Proposal Form**: Signed by the student's Clinical Supervisor. It is essential to fill in as much as possible, especially regarding length and type of supervision. **Submit original document.**
- Affiliation Agreement**: A contract completed, signed, and initialed by four parties: the Student, the Director of the Agency, the Clinical Supervisor/s, and Pacifica's Clinical Practicum Associate. **Submit original document.**  
**Please note the following:**
  - Please ensure that pages 2, 3, 4, 6 and 7 are signed and initialed by the appropriate parties (the Student, the Director, and the Supervisor/s).
  - On page 5, please be aware that the **earliest start date must be after the last day of Spring Quarter classes in your first year. Consult with Pacifica's academic calendar for the appropriate dates for your track.**
  - Please remember to include the site documentation and credentials requested in the Affiliation Agreement (i.e. non-profit letter from the IRS, school credentials/charters, state licenses/certificates to operate, etc. See page 7).
- Professional Insurance Statement**: Completed and signed by the student. **Submit original document.**
- A copy of your certificate of Mal-practice Liability insurance**: Students must purchase mal-practice insurance in their own name. No hours can be accrued without insurance. **Submit a copy of the document.**
- A copy of your supervisor's license**: submit a license for *each* supervisor listed on the Affiliation Agreement. This applies to both primary and secondary supervisors. **Submit a copy of the document/s.**

### Additional document(s) required for students seeking licensure in California:

- A copy of your Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern or Professional Clinical Counselor Intern**. A separate form must be signed by *each* supervisor listed on the Affiliation Agreement. This applies to primary and secondary supervisors. **Submit COPIES only. Originals should be kept by students as they will be required paperwork to submit to the BBS for licensure.**

### Additional document required if your site does not provide onsite supervision:

- Letter of Agreement for Offsite Supervision**: Signed by a practicum site representative, the offsite supervisor, and the student. **Submit copy of document.**

# PACIFICA GRADUATE INSTITUTE

## M.A. PRACTICUM PROPOSAL FORM

Today's Date \_\_\_\_\_

Track: MA-V MA-W MA-C MA-D

Student's Name \_\_\_\_\_

Proposed Practicum Site: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Number of clients site serves per week \_\_\_\_\_ Number of paid staff \_\_\_\_\_ Number of volunteers/intern \_\_\_\_\_

Number of hours student will spend weekly at practicum site \_\_\_\_\_ Length of commitment to site \_\_\_\_\_

Date that site begins to accept applications \_\_\_\_\_ Conduct interviews \_\_\_\_\_

(DATE)

(DATE)

What kind of clinical training does site provide? \_\_\_\_\_

 CA sites only: Does your agency contract with your county for any mental health services? \_\_\_\_\_

### Supervision Requirement:

- Individual supervision must be accrued in 1 hour increments per week
- Group supervision must be accrued in 2 hour increments per week, with 8 or less students in a group.

Length of weekly individual supervision: \_\_\_\_\_ Length of group supervision: \_\_\_\_\_ Number of Students in group: \_\_\_\_\_

Does the site allow students to audio tape sessions with clients for the purpose of supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

**SUPERVISION:** Supervisor's name \_\_\_\_\_ Supervisor's License Number \_\_\_\_\_

Overview of Supervisor's qualifications, training, and number of years supervising: \_\_\_\_\_

### TO THE SUPERVISOR:

- A. I have reviewed and am aware of Pacifica's Supervised Practicum Requirements as noted in the Affiliation Agreement.
- B. I understand that the student is required to provide a minimum of 280 hours of direct face-to-face counseling experience. These hours must include counseling at least 6 individual clients for a minimum of 6 sessions each, a minimum total of 36 individual hours over the course of the entire practicum.
- C. I agree to complete Pacifica's "Quarterly Clinical Supervisor's Evaluation" of the student's clinical skills.

My signature certifies that I have reviewed and do accept the above requirements.

\_\_\_\_\_  
Clinical Supervisor's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Pacifica's Clinical Practicum Associate

\_\_\_\_\_  
Date Approved

Rev 9.13.19

**Please submit original form to:** Practicum Office, Pacifica Graduate Institute, 249 Lambert Rd, Carpinteria, CA 93013

# PACIFICA GRADUATE INSTITUTE

## AFFILIATION AGREEMENT (rev. 3.27.19)

4-Way Affiliation Agreement among PACIFICA GRADUATE INSTITUTE ("PACIFICA" OR "SCHOOL"), SUPERVISED PRACTICUM SITE ("AGENCY"), CLINICAL SUPERVISOR, and STUDENT

Date: \_\_\_\_\_

Track:  MA-V  MA-W  MA-C  MA-D

**STUDENT NAME:** \_\_\_\_\_  
(hereinafter "Student")

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

All hours of Supervised Practicum experience accrued as a Student are coordinated between the School and the Supervised Practicum Site. School approves a written Affiliation Agreement with each Supervised Practicum Site that details each party's responsibilities, including the methods by which supervision shall be provided.

Instructions to Student: First, read this document. Then, take it to the Director and/or Clinical Supervisor(s) of your Supervised Practicum Site to read and sign. Finally, sign the completed document and send it to your School's Clinical Practicum Associate to approve and sign. After your Affiliation Agreement is finalized, the original document will be placed in your file, and a copy will be mailed to you and your primary Clinical Supervisor.

Student shall be responsible for making sure that the Affiliation Agreement has been filled out completely and correctly. Until the completed and signed agreement is on file at School, Student's hours will not count toward the school's requirement (or toward California LMFT or LPCC licensure). The Affiliation Agreement is proof that the School, Student, and Supervised Practicum Site have complied with state law.

Please check only one box:

- I intend to pursue either the Marriage and Family Therapist license ("L.M.F.T.") or Licensed Professional Clinical Counselor ("L.P.C.C.") in the State of **California**. By checking this box, I understand that after completing 18 quarter units of study, I can begin a supervised practicum to meet California degree and licensure requirements. All sections of this document apply.
- I do not plan to pursue licensure, but I understand that I am required to accrue 280 direct service hours at a supervised practicum site in order to meet the School M.A. Counseling Psychology degree requirements.
- I am an out of state student that intends to pursue \_\_\_\_\_ licensure in the State of \_\_\_\_\_.

**AGENCY NAME:** \_\_\_\_\_  
(hereinafter "Supervised Practicum Site" or "Agency")

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Administrator Name & Title: \_\_\_\_\_

Administrator Email: \_\_\_\_\_

Phone Number(s): ( \_\_\_\_\_ ) \_\_\_\_\_

Supervisor Name & License: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Phone Number(s): ( \_\_\_\_\_ ) \_\_\_\_\_

Student Name: \_\_\_\_\_

SCHOOL NAME: **Pacifica Graduate Institute**

Address: 249 Lambert Road City: Carpinteria State: CA Zip: 93013

**SECTION I RESPONSIBILITIES OF THE PARTIES**

**A. SCHOOL**

1. Shall designate each student who states intent to pursue California LMFT or LPCC licensure as “Student in Practicum” after completion of the prerequisite 18 units of School coursework.
2. Shall evaluate the appropriateness of the Supervised Practicum Site for Student in terms of the educational objectives, clinical appropriateness for LMFT and LPCC educational requirements, and the scope of the license as set forth in Section 4980.02, and Section 4999.33 of the California Business and Professions Code.
3. Shall have this written agreement with Supervised Practicum Site, Clinical Supervisor and Student that details each party's responsibility, including the methods by which supervision will be provided.
4. Shall coordinate the terms of this agreement with each of the named parties.
5. Shall approve the placement of each student at Supervised Practicum Site.
6. Shall inform each Student in Practicum gaining clinical hours in a Supervised Practicum Site that they must procure professional liability insurance.
7. Shall have a Clinical Practicum Associate designated as the liaison to the Supervised Practicum Site and Clinical Supervisor, who shall assume major responsibility for the coordination of this agreement between student and Supervised Practicum Site.
8. Shall provide Clinical Supervisor with “Quarterly Clinical Supervisor’s Evaluation” forms.

\_\_\_\_\_ **INITIALS of PACIFICA’S CLINICAL PRACTICUM ASSOCIATE**

**B. THE DIRECTOR OF AGENCY**

1. Shall evaluate the qualifications and credentials of any employee who provides clinical supervision to Student.
2. Shall provide adequate resources to Student and Clinical Supervisor(s) in order that they may provide clinically appropriate services to clients.
3. Shall provide Student and Clinical Supervisor with an emergency response plan designed to address their personal safety and security and Student’s clients in the event of a fire, earthquake or other disaster.
4. Shall orient Student to the policies and practices of Agency.
5. Shall provide Student with a minimum of five (5) hours per week of face-to-face supervised practicum experience. This includes a minimum of either one (1) hour of individual or two (2) hours of group supervision per week, and a minimum of four (4) hours of direct client contact per week. Direct client contact is defined as face-to-face direct counseling of individual, couple, family, telemedicine, or group psychotherapy. Student must have a minimum of 280 hours of face-to-face direct counseling over the entire six quarters while in practicum. These hours must include counseling at least six individual clients for a minimum of six sessions, a minimum total of 36 individual hours. **IMPORTANT:** No hours of *any* kind will count if supervision has not occurred during the week they were earned. In addition, to meet School’s requirement for practicum credit, both client contact and supervision must extend over the entire quarter. For example, Student may not earn all of the required hours at the beginning of the quarter and then either stop seeing clients or stop receiving supervision.
6. Shall notify School in a timely manner of any difficulties in the work performance of the Student.
7. Shall notify School and Student of change of address, phone, ownership, or any other status that may affect the ability of Student to count hours gained at the Supervised Practicum Site.
8. Agency assumes the risk and liability for the performance of the services described in Section I B. of this Affiliation Agreement.

\_\_\_\_\_ **INITIALS OF THE DIRECTOR OF SUPERVISED PRACTICUM SITE.**

**C. CLINICAL SUPERVISOR**

1. Shall abide by the legal and ethical standards promulgated by the professional association to which Clinical Supervisor belongs (e.g. AAMFT, CAMFT, APA, NASW, AMA, etc.).
2. Shall have met requirements for supervision of state where Agency is located (in CA: complete 6 CEUs for Clinical Supervision within 60 days of commencing supervision of the MFT or PCC student. Additional 6 CEUs for Clinical Supervision must be taken every 2 years.).
3. Shall be familiar with the state laws and regulations that govern the practice of mental health in your state, and in particular, those that directly affect the MFT and PCC Student.
4. Shall, if providing supervision to a Student on a voluntary basis, attach a copy of the written agreement between yourself and Student's Supervised Practicum Site required by Title 16, CCR Section 1833 (b) (4).
5. Shall provide Supervised Practicum Site with a copy of his or her current license and shall notify School and Student immediately of any action that may affect his or her license.
6. Shall be responsible for assuring that all clinical experience gained by Student is within the parameters of marriage and family therapy and professional clinical counseling.
7. Shall provide Student with a policy and procedure for crisis intervention and other client/clinical emergencies, in particular those that are mandated by law (e.g., child abuse, danger to self, others, etc.), over which the Clinical Supervisor has direct responsibility.
8. Shall provide Student with a minimum of one (1) hour of individual, or two (2) hours of group supervision per week (with 8 students or less in group).
9. Shall provide Student with the required minimum supervision as per the current legally mandated ratio of one (1) unit of supervision for every five (5) hours of direct client contact.  
**IMPORTANT:** Clinical Supervisors, please note no hours of *any* kind will count if supervision has not occurred during the week in which hours were earned.
10. Shall review and sign the Student's Quarterly Practicum Log (as required by Section 1833(e) of the California Code of Regulations).
11. Shall sign and abide by the "Responsibility Statement for Supervisors" as described in Section 1833.1 of the California Code of Regulations (CCR), or Pacifica's form, "Responsibility Statement for Supervisors Outside of California".
12. Shall complete the "Marriage and Family Therapist Experience Verification" form required for CA state licensure.
13. Shall complete School's "Quarterly Supervisor Evaluation" of Student's performance at Supervised Practicum Site and submit to School Clinical Practicum Associate.
14. **Instructions to Clinical Supervisor(s):** California, Section 1833.1 (a) (9) of the BBS Regulations requires that the Clinical Supervisor monitor the quality of counseling or psychotherapy performed by the Student by direct observation, audio or video recording, review of progress and process notes or records, or by any other means deemed appropriate by the supervisor, and furthermore that the supervisor shall inform Student prior to the commencement of supervision of the methods by which the supervisor will monitor the quality of counseling or psychotherapy being performed. Also, the regulations recommend that the Clinical Supervisor use real-time data (observational or recorded) to monitor Student's performance with clients, not just Student reports.

This section of the Affiliation Agreement will serve to inform Student about the methods you will use to monitor the quality of her or his performance with clients. **Note:** If Student is to be supervised by two supervisors, each should initial below the methods to be used. It is not necessary for both supervisors to use real-time data if one supervisor uses a required method, the other may use additional methods.

15. Supervision Methods Offered (audio tape, direct observation, video tape, etc.

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\_\_\_\_ INITIALS of the **CLINICAL SUPERVISOR OF SUPERVISED PRACTICUM SITE**

\_\_\_\_ INITIALS of the **2nd CLINICAL SUPERVISOR OF SUPERVISED PRACTICUM SITE**

Student Name: \_\_\_\_\_

**D. STUDENT**

1. Shall complete 18 units of prerequisite courses prior to enrollment in the six quarter series of Clinical Practice courses and supervised counseling services to clients at a Supervised Practicum Site.
2. Shall abide by the ethical standards of the California Association of Marriage and Family Therapists, the American Association of Marriage and Family Therapists, the American Counseling Association, and School.
3. Shall obtain professional liability insurance while working at a supervised practicum site.
4. Shall be responsible for learning and complying with the policies of the Supervised Practicum Site, which govern the conduct of regular employees and Students.
5. Shall provide School with a photocopy of the current license of each Clinical Supervisor who will be supervising Student.
6. Shall have each Clinical Supervisor complete and sign the “Responsibility Statement for Supervisors” required in California *before* gaining supervised experience, and shall file a copy with School.
7. Shall be responsible, along with Clinical Supervisor, for providing complete and accurate documentation to your state licensing board in order to gain hours of experience towards licensure.
8. Shall maintain a “Practicum Quarterly Log” of all hours of experience gained and shall submit the log to Clinical Practicum Associate on a quarterly basis for the duration of the Practicum.
9. Shall gain a minimum of five (5) hours per week of supervised practicum experience. This includes a minimum of either one (1) hour of individual or two (2) hours of group supervision per week, and a minimum of four (4) hours of direct client contact per week. Student must also provide individual psychotherapy to at least six individual clients for a minimum of six sessions each, a total of 36 individual hours minimum.  
**IMPORTANT:** Students *must* have either one hour of individual or two hours of group supervision during each week that they see clients. No hours of *any* kind will count if clinical supervision has not occurred during the week they were earned. In addition, to meet School’s requirements for practicum credit, both client contact and supervision must extend over the entire quarter. For example, Student may not earn all of the required hours at the beginning of the quarter and then stop seeing clients or stop receiving supervision.
10. Shall gain a minimum of 280 hours of direct client contact during the six quarters of Clinical Practice courses.
11. School’s Clinical Practice courses (I-VI) extend over six quarters. To advance forward each quarter in the Clinical Practice series of courses, Student must accrue the minimum number of quarterly hours, as stated in the “Supervised Practicum Guidelines,” of direct client contact, i.e., face-to-face professional services consisting of individual, couple, family, conjoint, telemedicine, or group psychotherapy.
12. Shall be aware that **Clinical Practice is a COURSE**, and to receive a passing grade for this course, the following criteria must be met:
  - a. Student must attend classes and gain hours at an approved clinical placement *concurrently*;
  - b. Student must have earned the required number of hours per quarter;
  - c. the Clinical Supervisor's evaluations must be completed and on file each quarter;
  - d. the practicum instructor's evaluations must provide Student a passing grade; and
  - e. no other data exist that question Student’s suitability for the psychotherapy profession.
13. Shall be responsible for notifying School in a timely manner of any professional or personal difficulties which may affect the performance of his or her professional duties and responsibilities.
14. Shall be responsible for completing the “Student Evaluation of Practicum Site” form and upon completion of practicum site submit to Clinical Practicum Associate.

\_\_\_\_\_ **INITIALS of STUDENT**

Student Name: \_\_\_\_\_

**SECTION II TERMS AND CONDITIONS**

**A. TERMINATION:**

The expectation of all parties is that this agreement will be honored mutually. Termination of this agreement *with* cause shall be in accordance with the academic policies of School or the employment or volunteer policies of Agency. Any party may terminate this agreement *without cause* by giving all other parties 30 days' notice of the intention to terminate. Termination of Student's or Clinical Supervisor's employment or this agreement must take into account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. In any case, it is assumed that if there is an early termination of this agreement on the part of Student, Supervised Practicum Site, or the Clinical Supervisor, such a decision must include prior consultation with School.

**B. CHANGES IN THE AGREEMENT**

This agreement may be amended in writing and signed by each party.

**C. INDEMNIFICATION**

School requires that the Student procure professional liability insurance before working with clients in a Supervised Practicum Site.

Neither School nor Agency shall be liable to third parties for any act or omission of the other. Clinical Supervisors agree to assume responsibility for their clinical supervision of the Student while working within the agency. Agency agrees to assume responsibility for its general supervision of the Student while working within Agency. In that connection, the Agency and School agree to indemnify each other in connection with any claims pertaining to supervision of Student by Agency, or Student by Clinical Supervisor, to the extent that one party is held responsible for the acts of the other.

**D. CONTACT PERSON AT SCHOOL**

For additions, changes, problems or questions about this document, please contact:  
Director of Clinical Training: (805) 879-7360  
Tracks C and W Clinical Practicum Associate: 805-879-7383  
Tracks D and V Clinical Practicum Associate: 805-879-7371

**E. TERMS OF THE AGREEMENT**

The terms of this agreement cover the time that Student is placed at Agency. Please fill in the dates below, using the date the Student is expected to begin at Agency and the approximate date Student is expected to leave.

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Month/Day/Year this agreement is valid)

To: **03** / **15** / **2023**

(Month/Day/Year Student expected to end practicum)

Student Name: \_\_\_\_\_

**SECTION III SIGNATURES**

A. **For the Supervised Practicum Site (Agency Director):**

\_\_\_\_\_

Name (please print) Title

\_\_\_\_\_

Signature Date

B. **Clinical Supervisor (Primary):**

\_\_\_\_\_

Name (please Print) Title

\_\_\_\_\_

Signature Date

License (s) held \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

C. **Clinical Supervisor (Secondary):**

\_\_\_\_\_

Name (please Print) Title

\_\_\_\_\_

Signature Date

License (s) held \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

D. **Student:**

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Signature Date

E. **School Clinical Practicum Associate:**

\_\_\_\_\_

Name Clinical Practicum Associate  
Title

\_\_\_\_\_

Signature Date Date Approved

**Addendum. The attached Addendum to this Affiliation Agreement is part of this agreement.**

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# PACIFICA GRADUATE INSTITUTE

## M.A. ADDENDUM TO THE AFFILIATION AGREEMENT

### Site Criteria per California Business & Professions Code 4980.43(d) (1) and 4999.33.:

1. The site must be one that lawfully and regularly provides mental health counseling or psychotherapy;
2. The site must provide oversight to ensure that the student's work at the setting meets the experience and supervision required by law and is within the scope of practice for the profession; and
3. The site must not be a "private practice" owned by an LMFT, LPCC, LCSW, a licensed psychologist, a licensed physician and surgeon, or a professional corporation of any of these licensed professions unless a copy of the Articles of incorporation for a Professional Corporation AND a copy of the state license to operate a health facility are provided.

### Students may accrue hours at any of the following:

1. A nonprofit and charitable organization that has received a determination letter from the IRS pursuant to section 501(c) (3) of the Internal Revenue Code, or has an application for such determination on file with the Internal Revenue Service.
2. Hospitals and other licensed health facilities, whether for-profit or non-profit.
3. Governmental entities, whether city, county, state, or federal.
4. Alcohol and drug treatment programs, whether for-profit or non-profit, that are licensed by the state's Alcohol and Drug Treatment Division.
5. Schools, colleges, or universities, whether for-profit or non-profit.
6. Pediatric day health and respite care facilities.
7. Churches, either tax-exempt or capable of being tax-exempt.
8. Skilled nursing facilities licensed by the State.
9. Intermediate care facilities licensed by the State.
10. Residential care facilities licensed by the State.
11. State correctional treatment centers.
12. Social rehabilitation facilities licensed by the State.
13. Community treatment facilities licensed by the State.

Please indicate below the organization category that applies to your practicum site. Check off the required documents that you are submitting as proof of practicum site eligibility:

- Non-Profit organizations:**
  - Provide a copy of the IRS determination letter re the site's tax-exempt status
- For-Profit organizations:**
  - Provide a copy of the site's Articles of Incorporation with the Secretary of State's stamp in the upper right hand corner marked "Filed and Endorsed"
  - Provide a copy of the site's applicable license(s) from governmental authorities, either (please circle one):
    - a) A copy of any applicable State License(s) to operate as a health facility or treatment program, or
    - b) A copy of any applicable accreditations from credentialing authorities to operate as a school, college, or university
- County/State/Federal Site:**
  - Provide documentation of Site status; specify document included: \_\_\_\_\_

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Name of Practicum Site

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Printed Name of Practicum Site Director

Signature of Site Director

Date

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Printed Name of Practicum Site Clinical Supervisor

Signature of Clinical Supervisor

Date

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Printed Name of Student

Signature of Student

Date

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PACIFICA GRADUATE INSTITUTE  
PROFESSIONAL MAL-PRACTICE INSURANCE STATEMENT

*Please type or print legibly.*

Student \_\_\_\_\_ Track:  MA-V  MA-W  MA-C  MA-D

- Attached is a photocopy of the certificate of insurance from **my** professional mal-practice liability insurance policy, indicating a **minimum coverage of \$1,000,000 per occurrence, \$3,000,000 aggregate**, which will provide adequate coverage for the work I will perform during my practicum.

**In signing this form, I agree to keep my insurance policy active. I will continually renew my policy throughout the time I am doing clinical work as part of my practicum at Pacifica Graduate Institute. I understand that hours accrued without mal-practice liability insurance will not be accepted.**

Name of Insurance Company \_\_\_\_\_

Policy Limits (amount of coverage) \_\_\_\_\_

Policy Period: From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

# SAMPLE

**MUST BE ON EMPLOYERS BUSINESS LETTERHEAD**

## LETTER OF AGREEMENT FOR OFF-SITE SUPERVISION

It is hereby agreed that:

\_\_\_\_\_ (hereinafter referred to as Trainee) is employed by  
**Name of Trainee**

\_\_\_\_\_ (hereinafter referred to as Employer) to perform direct care  
**Name of Practicum Site**  
mental health services for individuals, couples, families and/or children.

\_\_\_\_\_ (hereinafter referred to as Supervisor) agrees to supervise Trainee, and  
**Name of Supervisor**

Employer agrees to employ and/or allow Supervisor to supervise Trainee.

Further, Supervisor agrees to ensure that the extent, kind and quality of Marriage and Family Therapy/ Mental Health Counseling/ Professional Counseling services performed by Trainee is consistent with Trainee's training, education, and experience and is appropriate in extent, kind and quality.

Further, Supervisor agrees to ensure that the Marriage and Family Therapy/ Mental Health Counseling/ Professional Counseling services performed by Trainee, and the supervision provided by the Supervisor, will be in accordance with:

The California Board of Behavioral Sciences, Senate Bill 33, Section 4980.36 of the Business and Professions or California Board of Behavioral Sciences, Senate Bill 788, Section 4999.33 of the Business and Professions and regulations promulgated thereunder.

OR

The appropriate state licensing board where Trainee lives and plans to be licensed.

\_\_\_\_\_  
(Name of state licensing board)

\_\_\_\_\_  
**Trainee Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Practicum Site Director Signature**

\_\_\_\_\_  
Date