



MISSISSIPPI STATE UNIVERSITY™
 DEPARTMENT OF COUNSELING, EDUCATIONAL
 PSYCHOLOGY AND FOUNDATIONS

PRACTICUM APPLICATION

Name: _____ Date: _____

Fall	Spring	Summer	Year _____
_____ New Application		_____ Master's	_____ Clinical Mental Health
_____ Amended Application		_____ EdS	_____ Rehabilitation
			_____ School (Licensed Educator)
			_____ School (Academic Year Long)

Note: Faculty Advisor's approval and signature must be obtained after you have your on-site supervisor's signature. **BOTH** signatures must be on the application as well as a **FULL** mailing address to your site supervisor. Do not begin collecting hours until application is approved. **INCOMPLETE APPLICATIONS WILL NOT ALLOW COURSE REGISTRATION.**

MSU Net ID _____ MSU (9 digit) ID _____

Address: _____

City, State, Zip: _____

Home Telephone: () _____ Office Telephone: () _____

MSU E-mail Address: _____

Specific Dates of Collection of the Internship Hours: (Specific dates must be completed)

Beginning _____ (m/d/y) Ending _____ (m/d/y)

List the term you will register for the course: _____

Please list liability insurance information below.

Name of Company _____

Coverage Dates _____

Application Deadlines:	July 1 st – Fall	November 1 st – Spring	May 1 st – Summer
Please attach proof of liability insurance, copy of educator's license (if applicable), and supervisor's resume.			

The following courses must be completed before applying for Practicum. List the semester completed and the grade for each of the following courses:

	Semester/Year	Grade
COE 8013 - Counseling Skills	_____	_____
COE 8023 - Counseling Theory	_____	_____
COE 8043 - Group Tech. & Procedures	_____	_____
COE 8633 - Psycho-social Rehabilitation *	_____	_____
EPY 8263 - Psychological Testing		
OR COE 8083 – Assessment Techniques in Counseling **	_____	_____

*Only required for Clinical Mental Health students.

**Only required for Clinical Mental Health students and may be taken within the same semester as practicum.

Appropriate Specialty Area Course: (This course may be taken within the same semester as Practicum – except for COE 8903, which must be taken prior to practicum.)

COE 8703 - Clinical Mental Health _____

COE 8353 - Voc. Rehab Counseling _____

COE 8903 - School Counseling _____

Site Information

(This must be a *complete mailing address* that is legible, if not your application will be voided)

Name of Site: _____

Address: _____

City, State, Zip: _____

Telephone Number: () _____

Site Supervisor Information

Site Supervisor: _____ Title: _____

Address (if different): _____

City, State, Zip: _____

Telephone Number: () _____ E-Mail: _____

Supervisor's Graduate Degrees(s): _____

Please list degree and discipline

Supervisor's Credentials: Number of Years of Relevant Post Master's Experience _____

Standard Educator License (Guidance) _____ CRC _____ NCC _____

CCMHC _____ LPC _____ Other _____

Note: All supervisors must have a minimum of two years post-Master’s experience. Licensed School Counselors are required for School Counseling Supervisors; Certified Rehabilitation Counselors are preferred for Rehabilitation Counseling Supervisors; Licensed Professional Counselors are preferred for Mental Health Counseling Supervisors

On-Site Supervisor Signature

Date

For Advisor:

Student will enroll in:

_____ COE 8053 (100 hours), Section _____

_____ COE 8150 (300 hours for 3 credits), Section _____

_____ COE 8150 (600 hours for 6 credits), Section _____

Academic Advisor's Signature

Date

Note: Placement may begin only after the coordinator and your academic advisor have signed the application. Total hours must be completed before the term ends in which you register for the course. Students must submit documentation of liability insurance prior to application approval.

For questions or further information, contact the Counseling Clinical Coordinator:

Starkville Campus - (662) 325-3426

Meridian Campus – (601) 484-0185

Please Return **Completed** Application to:

Starkville Campus – Counseling Clinical Coordinator 508 Allen Hall Mississippi State, MS 39762 (662) 325-3263 (FAX)	Meridian Campus- Counseling Clinical Coordinator Division of Education, Counselor Education 1000 Hwy 19 North, Meridian, MS 39307 (601) 484-0280 (FAX)
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Coordinator's Signature _____ **Date** _____

Approved _____ **Denied** _____

Reason for Denial _____