

THE UNIVERSITY OF WEST FLORIDA
Department of Psychology
Mental Health Counseling Practicum/Internship Supervision Program
Placement Agreement and Certification of Contact Hours

SECTION A: (To be completed prior to placement.)

By this agreement, the Counseling Psychology Program in the Department of Psychology certifies that the student named below is authorized to seek placement as a practicum student or intern in mental health counseling at the training site identified below. The training site likewise agrees to provide supervised mental health counseling training experience for the student as stipulated below.

Student Name:	Student ID #:
Supervisor Name:	S.S. #:
Course #:	Course Title:
Instructor:	Semester:
Starting Date:	Ending Date:
Practicum/Internship Site:	
Supervisor's Address:	

Total Number of Hours Required:	Number of Weeks Required:
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_____	_____
On-Site Supervisor	Date

_____	_____
UWF Program Coordinator	Date

SECTION B: (To be completed at the end of training period.)

We, the undersigned, certify that the practicum/internship agreement outlined in Section A above has been completed and satisfies the requirements established by the Board of Regents and The University of West Florida governing the issuance of Intern Participation Certificates.

Total Number of On-Site Hours Completed:

_____	_____
On-Site Supervisor	Date

_____	_____
UWF Program Coordinator	Date

SECTION C: (To be completed by Business Office.)

_____	_____	_____
IPC# Issued	Date	Initials