

**LIU POST/LIU BRENTWOOD
DEPARTMENT OF COUNSELING AND DEVELOPMENT
PRACTICUM PERMISSION FORM**

Practicum hours may not accrue until the signed practicum permission form is submitted to the course professor

EDC 669 -Counseling Practicum

_____ Clinical Mental Health Counseling
_____ School Counseling

SEMESTER: Fall _____ Spring _____ 20_____

STUDENT INFORMATION

Name of Student: _____

Student's LIU Email Address: _____

The student listed above has received permission to complete his/her practicum placement at the following location:

SITE INFORMATION

Name of Practicum Site: _____

Address of Site: _____

Zip: _____ **Phone:** () _____

SC Majors: Name of School District: _____

SITE SUPERVISOR INFORMATION

Name of Supervisor: _____

Credentials/Licenses/Certifications:

LMHC _____ **LCSW** _____ **Licensed Psychologist** _____ **Psychiatrist** _____ **RN** _____ **NP** _____

Permanent Certification SC ___ **Tenured SC** ___ **MS School Counseling** ___ **MA School Counseling** _____

Title: _____

Email Address: _____

Signature: _____ **Date:** _____

_____ **Site Supervisor: I have reviewed the power point presentation on supervision**
(Site Supervisor's Initials) <http://ceit.liu.edu/CSD/MHSC.html> (right hand side of page)

- In a public school setting, the cooperating counselor must be tenured with permanent certification, or where there is no tenure track, have three years experience and permanent certification in school counseling.
- In a mental health setting, an approved site supervisor must hold a license in one of the following categories:
 - **LMHC (licensed mental health counselor)**
 - **LCSW (licensed clinical social worker) Please note LMSW is not acceptable**
 - **Licensed Psychologist**
 - **Psychiatrist**
 - **RN (registered nurse with 3 years mental health counseling experience)**
 - **NP (nurse practitioner with 3 years mental health counseling experience)**

PLEASE RETURN TO: EDC 669 (Practicum) Course Professor