Department of Counsel & Educational Psychology
Mississippi State University

Masters Practicum Application

The following courses must be completed before applying for Practicum.

Student Name ____________________________________________________________

List the semester completed and the grade for each of the following courses:

COE 8013 - Counseling Skills  ____________________________________________
COE 8023 - Counseling Theory  ____________________________________________
COE 8043 - Group Tech. & Procedures  ______________________________________
EPY 8263 - Psychological Testing*  ________________________________________

Appropriate Specialty Area Course:*

COE 8573 - College Counseling  ____________________________________________
COE 8703 - Community Counseling  _________________________________________
COE 8353 - Voc. Rehab Counseling  _________________________________________
COE 8903 - School Counseling  ____________________________________________
COE 8553 - Student Affairs in Higher Ed.  _________________________________

*With approval from your advisor, Psychological Testing or your Specialty Area Course may be taken during the same semester as practicum. All students must have completed Counseling Skills, Counseling Theory and Group Tech. & Procedures before applying for practicum. Community Counseling students are required to have successfully completed COE 8633 – Psychosocial Rehabilitation.

Deadline for all applications & all semesters - the 1st day of classes

Please Return Completed Application to:

Fieldwork Coordinator
508 Allen Hall
Or Mail to:
Department of Counseling & Educational Psychology
Box 9727
Mississippi State, Mississippi 39762-5740
Fax: 662-325-3263
MASTERS PRACTICUM APPLICATION  
COE 8053/8150

Note: Academic 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. A copy of the site supervisor’s resume is also required. Do not begin collecting hours until application is approved. INCOMPLETE APPLICATIONS WILL BE RETURNED. Please see the Graduate Student Handbook for further information on practicum.

Name: ___________________________ Date: __________________

Address: ____________________________________________________________________________

City, State, Zip: _______________________________________________________________________

Home Telephone: __________________ Office Telephone: __________________

E-mail Address: ______________________________________________________________________

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

Beginning: ____________________ Ending: ____________________
(day/month) (year) (day/month) (year)

List the term you will register for the course: Spring ☐ Fall ☐ 20_____

Site Information
(This must be a complete mailing address that is legible, if not your application will be returned)

Name of Site: _______________________________________________________________________

Address: __________________________________________________________________________

City, State, Zip: ___________________________________________________________________

Telephone Number: __________________________________________________________________
On-Site Supervisor Information

On-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: __________

NCC  □  CCMHC  □  CRC  □  LPC  □  School Counselor Certification  □

Other □ ____________________________  (Please specify)

Note:  All supervisors must submit a resume and have a minimum of two years post-Masters experience. By signing below, on-site and academic supervisors certify the possession of the required credentials.

In addition: School Counseling Supervisors must be Licensed School Counselors; Rehabilitation Counseling Supervisors must be Certified Rehabilitation Counselors; Community and College Counseling Supervisors licensed as Professional Counselors are preferred; and Student Development Supervisors must have experience in an area of specialization compatible with students’ interests.

________________________________________________________________________
On-Site Supervisor Signature  Date

________________________________________________________________________
Academic Advisor's Signature  Date

________________________________________________________________________
Coordinator's Signature  Date

Approved □  Denied □

Reasons for Denial: ______________________________________________________

________________________________________________________________________

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 collection of hours. For more information, contact academic advisors. Please list insurance information below.

Name of Company: ____________________________

Coverage Date: ____________________________

If you have questions or need further information, contact the Clinical Coordinator at (662)325-3426.

Form modified November, 2007