



SCHOOL OF GRADUATE & PROFESSIONAL STUDIES

Master of Arts in Counseling
Professional Practice Form
PRACTICUM Agency Placement Form

Agency: \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency Director: \_\_\_\_\_

Individual Supervisor: \_\_\_\_\_

(\* Please attach a current vita or resume)

Supervisor Education:

MA year MEd year EdS year PhD year

MSW year MDiv year DMin year

Licensure/Certification:

LPC year LMFT year LCSW year NCC year

Certifications: \_\_\_\_\_

Years of Experience: Completed Supervision Training: 20 hrs/Date or Credit Class/Date

General Description of Placement:

- Community Counseling Agency
Addictions/Rehabilitation
Hospital-based Mental Health
Church
Community Services Board
Other:

Population(s): check all that apply

- Children
Adolescents
Adults
Geriatric
Family
Cross-Cultural
Special Needs

Description of Possible Student Activities:

- Individual sessions Groups Assessment Intake Crisis Intervention
Educational Workshops Classroom Guidance Staff meetings
Other: \_\_\_\_\_

Taping Allowed:

- Yes, with appropriate consent forms No

Return to: Master of Arts in Counseling
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Eastern Mennonite University
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