

## School of Psychology & Counseling

### Master's FieldWork Contract – Practicum

Practicum is often the first counseling experience for students in the Master's in Counseling programs. As such, students are expected to generally observe and co-facilitate in counseling situations using their basic attending skills and questioning techniques.

Students must complete a minimum of 100 clock hours during the course of the Practicum semester.

#### **COUN 523 Practicum**

- **Direct Service:** a minimum of 40 hours which may include any combination of face-to-face contact, individual and group counseling.
  - **Indirect Service:** the remainder of the 100 hours to include meetings, supervision, professional development, in-services, etc.
  - **Supervision:** weekly interaction at an average of one hour per week of individual and/or triadic (no more than two students at a time) supervision.
- 
- 

#### **The practicum site supervisor agrees to the following:**

1. To provide the practicum student an opportunity to experience all the activities that a professional would experience in this setting.
2. To meet with the practicum student an average of one hour per week for supervision.
3. To conduct supervisory sessions in a professional and ethical manner in order to encourage the development of professional integrity and respect for professional ethics and codes of conduct.
4. To model positive interpersonal behaviors which enhance the supervisory process.
5. To respect and foster the individuality of the practicum student and the elements of his/her professional style.
6. To help the practicum student work with diverse students and/or clients.
7. To recommend personal counseling for the practicum student should he or she be unable to resolve personal issues that affect his or her effectiveness as a counselor.
8. To provide necessary and appropriate technology that assists the practicum student with learning.
9. To provide settings for the practicum student to conduct individual and group counseling sessions which assure privacy and sufficient space for appropriate equipment.
10. To complete the Regent University School of Psychology & Counseling midterm and final evaluation of the practicum student, which are located in our online platform, Experiential Learning Cloud (formerly Tevera).
11. To communicate with the Regent University Faculty Supervisor, either in person or via telephone/e-mail throughout the practicum.

#### **The practicum student agrees to the following:**

1. To be open and willing to experience the various opportunities and activities at the site.
2. To meet with the site supervisor an average of one hour per week for supervision.
3. To conduct his or herself in accordance to the professional ethics and codes for the counseling profession.
4. To adhere to and support the confidentiality standards of the counseling field and site.
5. To adhere to the administrative policies, rules, standards, schedules, and practices of the site.
6. To seek help and possibly counseling to resolve personal issues that may affect this practicum experience.
7. To be open and embracing of work with diverse colleagues and clients.
8. To model positive interpersonal behaviors in working with peers, supervisors, and clients.
9. To be punctual and present on days scheduled to be on site.
10. To complete all assignments agreed upon for the site.

---

---

This agreement is made on \_\_\_\_\_ by and between \_\_\_\_\_  
(Date) (Practicum Site Name)

and \_\_\_\_\_. This agreement will be effective from  
(Practicum Student Name)

**August 24, 2026** TO **December 12, 2026** for **8 – 10** hours per week for 3 credit hours.

---

---

## PRACTICUM SITE INFORMATION

Site Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOTE: this cannot be a generic e-mail account, the supervisor's e-mail address is **REQUIRED** for ELC access.**

Practicum Site Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Licensure Information:

Type of License: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

State Licensed in: \_\_\_\_\_

License Number: \_\_\_\_\_

Date First Licensed: \_\_\_\_\_

License Expires: \_\_\_\_\_

Have you had training in counselor supervision? ☐ Yes ☐ No

If yes, please list the type of training (i.e., coursework, professional development, certification):

If no, you will be required to complete Regent University's Supervision Training before beginning supervision. This will be sent to you via e-mail.

---

---

## SIGNATURES

\_\_\_\_\_  
(Site Supervisor Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Practicum Student Signature)

Date: \_\_\_\_\_

### **Contract acknowledged and accepted by Regent University:**

\_\_\_\_\_  
(Field Placement Liaison Signature)

Date: \_\_\_\_\_