

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNSELING 6000 PRACTICUM PROPOSAL FORM**

1. Name, Address and Phone Number of Proposed Practicum Site:

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

2. Name and Phone Number of Proposed On-Site Supervisor (must be licensed to practice in South Carolina)

Name:

Phone:

3. Proposed schedule for working at practicum site (must total at least 150 hours):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Types of clients to be counseled and description of other duties:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Description of the type and amount of on-site supervision to be received:

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6. Type of malpractice insurance you be covered by (a photo copy of policy cover sheet must be attached):

Name of Insurance Company: \_\_\_\_\_

7. List your personal professional goals for the practicum:

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Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

\_\_\_\_\_  
Site Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counseling Program Academic Advisor

\_\_\_\_\_  
Date