

AGREEMENT FOR NON-PRACTICUM CLINICAL WORK
*Page 1 to be submitted to the External Practicum Coordinator a minimum of
 2 weeks **BEFORE** the intended start date.*

**Please review department policy on the completion of
 Non-Practicum Clinical Work in Practicum Policy Manual before completing this form **

Name of student: _____

Name of setting: _____

Supervisor: _____

Highest Degree: _____ Licensing or Certification Information: _____

Work begins: _____ Work is expected to end: _____

Number of Anticipated Hours per Week: _____ Weeks (max 52): _____

Describe the nature of the planned clinical activities. If you have been at this setting before, explain how the planned activities differ from past work:

Supervision: Method of supervision (scheduled vs informal, one-on-one vs group) & hours per week. If more than one method, give number of hours for each method. Note: The minimum number of supervision hours is 10% of the student's total number of clinical hours.

Method: _____

Hours per week: _____

SIGNATURES:

Student: _____ Date: _____

Clinical Supervisor: _____ Date: _____

Research Supervisor: _____ Date: _____

UNB Practicum Coordinator: _____ Date: _____

Notes:

1. Graduate School policies require students to talk to their supervisor or DoGS for approval, if they are going to work more than 10 hours/week. CPA expects students to work no more than 20 hours/week.
2. Liability insurance for non-practicum work is not provided by UNB. Students must purchase their own insurance through the CPA partnership. The *only* exception to the need for liability insurance for non-course related clinical work is on campus at the PWC or Counseling Centre.
3. Students must obtain approval from their research supervisor and the external practicum coordinator prior to beginning any non-practicum clinical work.
4. A report on completion of the work must be submitted at the end of the agreed upon term (max 1 year) in the setting. Students who wish to continue their work in the setting after 1 year must submit a new approval form identifying new learning goals and opportunities.
5. Failure to obtain approval (i.e., submission of the completed agreement form) *before* beginning the non-practicum work or failure to submit the final report within 1 month of completing the work (i.e., submission of the completed report form) will result in the accumulated hours not being approved for inclusion in a student's internship application.

GOALS AND OBJECTIVES FORM

Pages 2 and 3 to be submitted to the External Practicum Coordinator a maximum of 1 month after the end date

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Student Name: _____

Clinical Supervisor: _____

Students and supervisors must set goals at the beginning of the time in the setting and evaluate the student's progress at the end of the time in the setting or at the end of 1 year (whichever comes first). Students are not permitted to remain in a setting longer than one year unless new goals are set. Even then, students must submit a new agreement form.

Goals and Objectives - Rating AA - Above Average; A – Average; BA – Below Average

Goals and Objectives	Rating
Goal	AA
	A
Comments	BA
Goal	AA
	A
Comments	BA
Goal	AA
	A
Comments	BA
Goal	AA
	A
Comments	BA
Goal	AA
	A
Comments	BA

REPORT ON NON-PRACTICUM CLINICAL WORK

*To be submitted to the Practicum Coordinator at termination of the work experience. Note: Approval of hours will **NOT** be granted without prior submission and approval of page 1 of this form (AGREEMENT FOR NON-PRACTICUM CLINICAL WORK). Approval of hours will **NOT** be granted retroactively.*

****Please review department policy on the completion of
Non-Practicum Clinical Work in Practicum Policy Manual before completing this form ****

Name of Student: _____

Name of Supervisor: _____

Setting: _____

Date Work Began: _____ Date Work Ended: _____

SUMMARY OF STUDENT'S ACTIVITIES

Total Intervention Hours (1a-g): _____

Total Assessment Hours (1h): _____

Total Support Hours (2a-b): _____

Total Supervision Hours (3a-c): _____

Total Individual Supervision Hrs (3a): _____

Total Group Supervision Hrs (3b): _____

Grand Total: _____

* Students: Please attach a print out of your Practicum Hours Documentation Spreadsheet

Supervisors: Please indicate whether the student's work was satisfactory: Yes ☐ No ☐
(Please state any concerns on the reverse of this form)

SIGNATURES

Student: _____ Date: _____

Clinical Supervisor: _____ Date: _____

UNB Practicum Coordinator: _____ Date: _____