



COLUMBUS STATE UNIVERSITY

\*\*\*\*This form must be returned to the Practicum/Internship Coordinator within two weeks of beginning the practicum \*\*\*\*

Master of Science in Clinical Mental Health Counseling CLINICAL EXPERIENCE TRAINING AGREEMENT (CETA)

AGENCY: \_\_\_\_\_

TRAINEE: \_\_\_\_\_

Columbus State University Requirements:

- 1. All students complete both Practicum and Internship over a period of at least 10 months of continuous training at the same site. In Practicum, students must complete at least 100 total clock hours; in Internship, students must complete at least 600 total clock hours, along with fulfilling other requirements. Practicum hours in excess of 100 may not be rolled-over to Internship I.
2. Each student must have a minimum of one hour of individual, face-to-face supervision at a regularly scheduled time each week provided by an independently licensed clinician.
3. Individuals designated as supervisors must be independently licensed for at least three years; doctoral level counselor educator, clinical psychologist or medical doctor psychiatrist, or an independently licensed Master's level clinician (licensed three years) with a degree in counseling or a related field (e.g., clinical social work, marriage and family therapy or counseling psychology. Examples of independent license include LPC not LAPC; LCSW not LMSW, etc.
4. Students are required to document a minimum of 700 total clock hours.
5. Students are required to record individual counseling sessions (direct service) with the consent of the clients.
6. During the Practicum sequence, students must be accompanied by supervisor if providing direct off-site counseling services.

Names and Titles of On-site Supervisors (Please list Primary and Secondary):

PRIMARY: Name and License of person providing weekly individual supervision Email Address (Must be a licensed Masters or Doctoral level counselor, see # 3 requirement above)

SECONDARY: Clinical or Administrative Supervisor/Contact Email Address

TRAINING SITE REQUIREMENTS:

LENGTH OF TRAINING: From: (Date of Practicum Start) To: (Date Internship Ends)

Dates of VACATION and OTHER LEAVE: (Please Specify)

	REQUIRED DATE/TIMES ON-SITE:	
Monday	From: _____	To: _____
Tuesday	From: _____	To: _____
Wednesday	From: _____	To: _____
Thursday	From: _____	To: _____
Friday	From: _____	To: _____
Saturday	From: _____	To: _____
Sunday	From: _____	To: _____

TOTAL HOURS per WEEK ON-SITE: \_\_\_\_\_

**SUPERVISION:**

**Students are required to receive a minimum of one hour of individual supervision per week in addition to any group supervision or case consultation/case staffing participation.**

PLEASE INDICATE DAY AND TIME OF SCHEDULED INDIVIDUAL SUPERVISION: (Supervision hour must be on a day and time when on site, noted on above schedule)

\_\_\_\_\_  
OTHER (Please describe):

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**Signatures:**

I agree to abide by the guidelines described in the Clinical Mental Health Counseling Practicum and Internship Handbook, in my capacity as a counseling trainee, to conform to the training policies and procedures of the agency training site, and I agree to abide by this contract as outlined above.

I further agree to act in accordance with the Ethical Standards of the American Counseling Association (ACA).

\_\_\_\_\_  
Signature of Student Trainee \_\_\_\_\_  
Date

In the capacity as Director/Supervisor of Training at the agency, by signing, I agree to abide by the Clinical Experience Agreement (CEA) as outlined above.

\_\_\_\_\_  
Signature of Agency Training Director/Supervisor \_\_\_\_\_  
Date

In the capacity as the CMHC Practicum/Internship Coordinator, I approve the Clinical Experience Training Agreement (CETA) as outlined above.

\_\_\_\_\_  
Signature of CSU Practicum/Internship Coordinator \_\_\_\_\_  
Date

**\*\*NOTE:** Failure to submit the completed CETA within two weeks of beginning training will potentially result in suspension from the training site until the CETA is received by the Practicum/Internship Coordinator.

**CHANGE IN TRAINING AGREEMENT:**

Should any changes occur in the content of this agreement subsequent to the signing of the CETA, the CSU Practicum/Internship Coordinator **must** be notified and an Addendum **must** be completed and signed within three days of the change.

\*\*\*\*\***ADDENDUM**\*\*\*\*\*

*(Submit within three days of the change)*

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**Clinical Mental Health Counseling Program  
CLINICAL EXPERIENCE TRAINING AGREEMENT (CETA)**

**AGENCY:** \_\_\_\_\_

**TRAINEE:** \_\_\_\_\_

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**(\*PLEASE INDICATE REVISED INFORMATION BY SUBMITTING ONLY APPLICABLE  
NEW**

**INFORMATION BELOW:)**

**CSU University Requirements:**

1. All students complete both Practicum and Internship over a period of at least 10 months of continuous training at the same site. In Practicum, students must complete at least 100 total clock hours; in Internship, students must complete at least 600 total clock hours, along with fulfilling other requirements. **Practicum hours in excess of 100 may not be rolled-over to Internship I.**
2. Each student must have a minimum of one hour of individual, face-to-face supervision at a regularly scheduled time each week provided by an independently licensed clinician.
3. Individuals designated as supervisors must be **independently** licensed for at least three years; doctoral level counselor educator, clinical psychologist or medical doctor psychiatrist, or an **independently** licensed Master’s level clinician (licensed three years) with a degree in counseling or a related field (e.g., clinical social work, marriage and family therapy or counseling psychology. Examples of independent license include LPC not LAPC; LCSW not LMSW, etc.
4. Students are required to document a minimum of 700 total clock hours.
5. Students are required to record individual counseling sessions (direct service) with the consent of the clients.
6. During the Practicum sequence, students must be accompanied by supervisor if providing direct off-site counseling services.

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**Names and Titles of On-site Supervisors (Please list Primary and Secondary):**

\_\_\_\_\_

**PRIMARY:** Name and License of person providing weekly individual supervision. Email Address

**(Must be a licensed Masters or Doctoral level counselor, see #3 requirement above)**

\_\_\_\_\_

**SECONDARY:** Clinical or Administrative Supervisor/Contact Email Address

**TRAINING SITE REQUIREMENTS:**

**LENGTH OF TRAINING:** From: \_\_\_\_\_ To: \_\_\_\_\_  
(Date of Practicum Start) (Date Internship Ends)

Dates of VACATION and OTHER LEAVE: (Please Specify) \_\_\_\_\_

**REQUIRED DATE/TIMES ON-SITE:**

Monday	From: _____	To: _____
Tuesday	From: _____	To: _____
Wednesday	From: _____	To: _____
Thursday	From: _____	To: _____
Friday	From: _____	To: _____
Saturday	From: _____	To: _____
Sunday	From: _____	To: _____

**TOTAL HOURS per WEEK ON-SITE:** \_\_\_\_\_

**SUPERVISION:**

**Students are required to receive a minimum of one hour of individual supervision per week in addition to any group supervision or case consultation/case staffing participation.**

PLEASE INDICATE DAY AND TIME OF SCHEDULED INDIVIDUAL SUPERVISION: \_\_\_\_\_

**(Supervision hour must be on a day and time when on site, noted on above schedule)**

OTHER (Please Describe):

\_\_\_\_\_

**Signatures:**

I agree to abide by the guidelines described in the Columbus State University Practicum and Internship Handbook, in my capacity as a counseling trainee, to conform to the training policies and procedures of the agency training site, and I agree to abide by the Clinical Experience Training Agreement (CETA) as outlined above.

I further agree to act in accordance with the Ethical Standards of the American Counseling Association (ACA).

\_\_\_\_\_  
Signature of Student Trainee

\_\_\_\_\_  
Date

In the capacity as Director/Supervisor of Training at the agency, by signing, I agree to abide by the Clinical Experience Training Agreement (CETA) as outlined above.

\_\_\_\_\_  
Signature of Agency Training Director/Supervisor

\_\_\_\_\_  
Date

In the capacity as the CMHC Practicum/Internship Coordinator, I approve the Clinical Experience Training Agreement (CETA) as outlined above.

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Signature of CMHC Practicum/Internship Coordinator

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Date

**CHANGE IN TRAINING AGREEMENT:**

Should any changes occur in the content of this agreement subsequent to the signing of the CETA, the CMHC Practicum/Internship Coordinator **must** be notified and the Clinical Experience Agreement Addendum **must** be completed and signed within three days of the change.