



Student Health and Wellness
700 University BLVD., MCS 112
Kingsville, Texas 78363-8202
Phone: (361) 593-3991 \* Fax (361) 593-2006

Application for Practicum Counseling Experience

Fall 20 Spring 20 Summer 20

Today's Date:

Name: Last First Middle

Local Address: Street City State and Zip

Telephone Number: Email Address:

TAMUK ID Number: KU Number:

Educational Information:

Major: Minor: Cumulative GPA:

Number of credit hours completed toward program major:

Anticipated Graduation Date:

Have you completed the prerequisite courses for participation in the practicum experience as determined by your program major? Yes No

Preferred courses include classes in: Ethics Theories Techniques Assessments

Check List: Please be sure the items listed below are submitted with your application.

Incomplete applications will not be accepted

- Resume
Unofficial transcript (must maintain a cumulative GPA of 3.0)
Letter of Readiness - Please include a letter of readiness from someone who has directly supervised your work with clients or role plays with other practicum students. This letter should address progress in your program, current level of skill, openness to supervision, and areas for growth, as well as, anything else that may help us better know you better.
Class schedule of the semester for which you are applying
Work schedule (if you have a part-time or full-time job for the semester for which you are applying)
Copy of professional liability insurance (such as HPSO)
Authorization to conduct a criminal background check (form)
Authorization to conduct disciplinary/conduct/GPA verification through the Dean of Students Office (form)

Read and initial each statement that you agree to the application terms

- I understand that Student Health and Wellness is a practicum training site and I am applying for an unpaid Practicum Counseling Experience with SHW Counseling Services.
I understand that I am not guaranteed a Practicum Counseling Experience position at SHW.
I understand that each semester I must reapply and go through the application process to be considered.
I understand that I will be evaluated throughout the semester and can be terminated at the discretion of Student Health and Wellness, Counseling Services, at any time.
I understand that I must provide my own current professional liability insurance
I authorize a criminal background check to be conducted.
I authorize a disciplinary/conduct/GPA verification to be conducted through the Dean of Students Office.

