

LEWIS & CLARK
GRADUATE SCHOOL OF EDUCATION AND COUNSELING
DEPARTMENT OF COUNSELING PSYCHOLOGY
MARRIAGE, COUPLE AND FAMILY THERAPY PROGRAM

INTERNSHIP AGREEMENT

Student Name: _____ Student ID #: _____

Student Track: _____ LC E-mail: _____

Externship Site: _____

Internship Supervisor: _____

Location: Lewis & Clark Community Counseling Center

In conjunction with the Lewis & Clark College Counseling Psychology Department, Lewis & Clark College Community Counseling Center agrees to provide supervised therapy experience according to the guidelines of the Marriage, Couple & Family Therapy Program and provide clinical services in accordance to course models.

Placement Start Date: _____ Placement End Date: _____ Total hours per week: _____

This agreement is made on _____ between the student, the site, and Lewis & Clark College.
date

Student Signature

Director of L&C CCC

The above signatures indicate that all parties have read and understand in its entirety the information contained in this agreement and in the MCFT Internship/Externship Manual.

THIS FORM MUST BE SUBMITTED TO THE CPSY OFFICE

The original copy of this signed agreement must be on file with the Counseling Psychology office before the student may begin clinical work at the site. One copy of this signature page is for the site supervisor and another is for the graduate student's professional records. This agreement is for the entire internship period unless conditions of the placement change significantly, in which case an amended or new agreement would be required. All students are responsible for ensuring that the Counseling and Psychology Office, site of externship, and student has a copy of this form.