

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

EXTERNSHIP AGREEMENT

Please check if this is your **Alternate** site: ☐

Student Name: _____ Student ID #: _____

Student Track: _____ LC E-mail: _____

Externship Site: _____ Site Director: _____

Site Location: _____
Address City State Zip Code Phone

Primary On-Site Supervisor: _____

◆ Phone: _____ E-mail: _____

◆ Degree & Discipline: _____ License/Cert.: _____

Secondary On-Site Supervisor: _____

◆ Phone: _____ E-mail: _____

◆ Degree & Discipline: _____ License/Cert.: _____

In conjunction with the Lewis & Clark College Counseling Psychology Department, _____
agrees to provide supervised therapy experience to _____ according to the guidelines of
this Marriage, Couple & Family Therapy Program Externship Agreement and the activities/responsibilities stated below:
Site Name
Student Name

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

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

Student Signature

Site Supervisor Signature

Lewis & Clark Rep Signature

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 externship 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.