FAMILY THERAPY PRACTICUM APPLICATION
1st SEMESTER

Department of Family Sciences

FS 5532 & 5542 **OR** FS 6532 & 6542

Deadlines for Submission: **Oct. 15** for Spring, **Mar. 15** for Summer, **June 15** for Fall

Date_____ **I am applying for** (*check **one** only*): Spring____ Summer____ Fall____
Revised 4/2009 Year Year Year

Students MUST attach a copy of their signed and approved degree plan & Portal transcript to this 1st sem. application. An application for practicum is required for <u>each</u> semester.

Name_____ Student # _____ *Check one*: MS___ PhD___

Address/City/State/Zip_____

Phone: Home_____ Work_____ Cell_____ Email_____

NOTE: **Read Practicum Requirements form.** Your first semester of practicum will usually take place at the TWU Counseling and Family Therapy Clinic HDB 114. Practicum includes your attendance at the required pre-semester orientation (check for date with Family Therapy Faculty.)You will need to make yourself available in CFTC for sufficient hours (including evening time) to provide therapy, and to observe classmates providing therapy, for at least 10 client families per week. You will also receive some live supervision in CFTC. Weekly attendance in practicum class and additional hours of individual supervision outside of class with your practicum professor are also required (minimum 1 hour every other week your 1st semester & minimum 5 hours per semester for remaining semesters). Practica are to be taken in consecutive semesters. A minimum of 3 semesters is required for MS and a minimum of 4 semesters for PhD. A total of 300 hours of face-to-face therapy (150 of which are with couples and families) is required across the Practicum semesters. It may be necessary for you to have an off-campus site, as well CFTC, to complete enough hours. See Off-Campus Practicum Site forms for more information.

Prerequisite classes completed:	**Semester**	**Professor**	**Grade**
FS 5003 Lifespan Human Development	_____	_____	_____
FS 5133 **or** FS 5303 **or** FS 6233(circle one)			
(Fam. Law, Prof. Orientation, Issues in Prof. Dev.)	_____	_____	_____
FS 5553 Principles of Marital Therapy	_____	_____	_____
FS 5563 Family Therapy I	_____	_____	_____
FS 5853 Family Systems	_____	_____	_____
FS 5883 Family of Origin	_____	_____	_____
FS 5363 Prepracticum	_____	_____	_____
FS 5353 Diagnosis&Treatment Planning for Couns.	_____	_____	_____

Possible **days & times**: 5 Sat.9am-5pm _____choice | Tues. 5:30pm _____choice | Wed. 8:30am _____choice | Wed. 1pm _____choice | Thurs. 5:30pm _____choice

(**Below** days & times write 1st, 2nd, 3rd, 4th, 5th. **All** days/times will be **NOT** offered every semester.)

Indicate here any special needs about class or work schedule:

_____

Please **return** your completed application with attached materials to HDB 115 for the Family Therapy Component Coordinator **by the deadline** above. **Please have office staff date stamp your application.**

NOTE: Do **not** enroll in FS 5532/5542 or FS 6532/6542 until you receive **notification** of your section assignment and correct course codes and section number. **Note** that both master's and doctoral students are assigned to 5532/42 and 6532/42 sections with corrections to degree plans made through your advisor before graduation.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS.