

# NDSU Counselor Education Program Practicum Application

This application form must be submitted to the counseling program administrative assistant by October 15 to enroll in practicum for the following Spring or Summer Semester; or March 1 to enroll in practicum for the following Fall Semester. Additionally, students must submit their 30 minute Theories "Capstone" video, or another role play video approved by the practicum supervisor. The video for spring and summer is due December 10th. The video for Fall semester is due April 15.

Student Name (Please Print)\_\_\_\_\_

Desired Practicum Enroll Date (Semester/Year)\_\_\_\_\_

**Please check the following pre-requisites and identify the semester and year completed.**

\_\_\_\_\_CNED 710 Counseling Techniques \_\_\_\_\_

\_\_\_\_\_CNED 711 Counseling Theory \_\_\_\_\_

\_\_\_\_\_CNED 715 Professional Orientation  
and Ethics \_\_\_\_\_

\_\_\_\_\_CNED 720 Group Counseling \_\_\_\_\_

**Please Read Carefully, Sign and Date**

I hereby attest that I have read and understand the 2005 American Counseling Association (ACA) Code of Ethics and will practice my counseling in accordance with these standards. Any breach of these ethics or other unethical behavior on my part will result in my removal from practicum and I will receive a failing grade. Documentation of such behavior will become part of my permanent record and I face the possibility of expulsion from the counseling program.

I agree to adhere to the administrative policies, rules, standards, and practices of the practicum site.

I understand that in order to enroll in the practicum course, I must provide evidence of liability insurance as well as a background check.

I understand that in order to enroll in the practicum course, I must provide evidence that I have been fingerprinted.

I understand that my responsibilities include keeping my practicum supervisor informed regarding my practicum experience.

I understand that to receive a passing grade in practicum I must demonstrate the specified minimum level of counseling skill, knowledge, and competence as well as meet all course requirements as outlined by the instructor.

Student Signature\_\_\_\_\_

Date:\_\_\_\_\_

Advisor Signature\_\_\_\_\_

Date\_\_\_\_\_

Received\_\_\_\_\_