



**Description of Services provided & population served/Agency Mission Statement.**

Does your agency provide: Individual Counseling Yes  No   
Group Counseling Yes  No   
Family Counseling Yes  No   
Age Range of Clients: 0-11  12-18  Adults  Seniors   
Ethnicity of Client Population. Please describe using approximate %.

Will work be performed by trainees at a setting where the agency regularly conducts business (on-site) or away from the actual agency setting (off-site)?

If any work is performed by trainee away from the agency setting, please describe the employer/supervisor monitoring, supervision, and emergency procedures (may include pager, on call supervisor, cellular telephone). Consumer and trainee protection should be addressed.

**Responsibilities of Trainee within the scope of practice of Marriage, Family and Child Counselor:**

Please describe in detail the fieldwork experience and responsibilities the trainee will have at your agency. This experience must be within the scope of practice of a marriage, family and child counselor. It may include applied psychotherapeutic techniques, assessment, diagnosis, prognosis and treatment of pre-marital, couple, family and child relationships, including dysfunctions and healthy functioning and health promotion and illness prevention as defined by section 4980.40(b)(1) of the Business and Professions code.

Please enclose a copy of the description of duties which you provide your trainees.

**TYPE OF SUPERVISION**

(Face to face supervisor contact must be provided for each week of experience claimed according to Business and Professions Code 4980.43(c). A unit of supervision means one hour of individual or two hours of group contact (eight or fewer in the group). A trainee must receive 1 unit of supervision for every 5 hours of client contact. This Department requires a minimum of 1 hour of individual supervision per week.

Type of license held by supervisor/s providing supervision to trainees:

Please check as many as apply	<b>License(s) held for 2 years or more</b>
	MFCC
	LCSW
	Clinical Psychologist
	Board Certified Psychiatrist

Types of supervision provided: \_\_\_\_\_ Individual \_\_\_\_\_ Group  
(1 hr/week min)

How often is individual supervision provided? \_\_\_\_\_

How often is group supervision provided? \_\_\_\_\_

Methods of Supervision:

Please check as many as apply	<b>Methods</b>
	Case Presentation
	Live Supervision/one-way mirror
	Video Taping
	Audio Taping
	Process & Progress Notes
	Role Play
	Student Verbal Report

Theoretical orientation of supervisor(s); e.g., psychodynamic, cognitive/behavioral, etc.:

**Tape recordings of trainee interviews with clients are required by this Department. Students are required to play tapes to faculty supervisors.**

Is taping of interviews allowed by your agency with permission from clients?  Yes  No

**Number of client hours** per week trainees are assigned: \_\_\_\_ (A minimum of 2 clients and maximum of 8 clients is required for 1st yr. trainees and a minimum of 5, maximum of 12 for 2nd yr. trainees.)

Indicate percentage (%) of time trainee will spend in any of the following areas:

_____ Individual	_____ Couple	_____ Child
_____ Adolescent	_____ Family	_____ Group
_____ Other (explain) _____		

Do you have a didactic training component as a part of your program?  Yes  No  
Please describe:

**EMPLOYMENT STATUS OF TRAINEE**

Volunteer _____	
W-2 Employee _____	Rate of Pay \$ _____
*Stipend _____	Amount \$ _____

\* (An intern or trainee who provides volunteered services may received a stipend of a total of five hundred (\$500) per month as reimbursement for expenses actually incurred, according to Business and Professions code 4980.43, for services rendered in any lawful work setting other than a private practice. The trainee is considered an employee and **not an independent contractor**. The trainee must be able to provide documentation (e.g., receipts) if audited by the Board of Behavioral Science Examiners)

Number of Hours Per Week Required of Trainee: \_\_\_\_\_

Application Deadline: \_\_\_\_\_

Period of Traineeship: From \_\_\_\_\_ To \_\_\_\_\_

**What is your application process?**

**Mandatory Time Commitments:** *(please include as much information as possible, including day, week and time of staff meetings, trainings, etc., if applicable.)*

Any other information: