





**Graduate Fieldwork Application for Trainees, cont.**  
(THIS PAGE TO BE COMPLETED BY *STUDENT*)

**Proposed Fieldwork Site:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Address City State Zip

Beginning and ending dates of fieldwork: \_\_\_\_\_ / \_\_\_\_\_ Hours per week: \_\_\_\_\_

**Proposed On-Site Supervisor:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**License and license number:** \_\_\_\_\_

**Student:**

1. Write a brief resume of your professional experience.
2. Describe your professional goals and how this fieldwork placement relates to them.
3. State the counseling skills in which you feel you have achieved some competence.
4. Indicate the counseling skills you feel you need to develop further.
5. State what specific skills you expect to develop further in this fieldwork placement.



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*Supervision shall include at least one hour of direct supervisor contact for each week of experience claimed. A trainee shall also receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting in which experience is gained. For the purposes of this section, "one hour of direct supervisor contact" means one hour face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons. All experience gained by a trainee shall be monitored by the supervisor as specified in BBS regulations.*

***The on-site supervisor or fieldwork placement site shall be responsible for providing all supervision to the trainee. The Dominican fieldwork seminar instructors will provide supporting case consultation to the supervision provided by the on-site supervisor and fieldwork site.***

***NOTE:*** *The following forms are required for trainees who wish to count hours to meet BBS requirements: **Responsibility Statement for a Supervisor** form signed by their on-site supervisor from each fieldwork placement and a **Weekly Summary of Hours of Experience** form signed weekly by their supervisor. These forms must be kept by the student and after graduation from the Master's Program, the **Responsibility Statement for a Supervisor** form must be submitted to the BBS with the application for licensure as an MFT. Upon completion of supervised experience at each fieldwork placement, students must have their Supervisor complete a **Marriage, Family, Child Counselor Experience Verification** form which must be submitted with the application for licensure as an MFT. All forms are available at the department office.*

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Proposed On-Site Supervisor's Signature

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Date

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Student's Signature

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Date

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**APPLICATION STATUS:**

Fieldwork Placement:            Approved            Denied            Pending

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Chairperson's Signature

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Date



**DEPARTMENT OF COUNSELING PSYCHOLOGY**  
**DOMINICAN UNIVERSITY OF CALIFORNIA**  
*School of Arts and Sciences*

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