

# Practicum Student Placement Agreement

Counseling and Psychological Services Department  
Mahar Hall  
7060 State Route 104  
Oswego NY 13126

CPS – 512 Practicum in Mental Health Counseling  
CPS – 513 Practicum in Alcohol and Substance Abuse Counseling

Practicum Student's Name \_\_\_\_\_

Placement Site \_\_\_\_\_

Name of Site Supervisor \_\_\_\_\_

Supervisor's Credentials \_\_\_\_\_

Period of Site Placement \_\_\_\_\_

Complete Site Address

\_\_\_\_\_  
\_\_\_\_\_

Supervisor Phone \_\_\_\_\_

Supervisor Email \_\_\_\_\_

THE FOLLOWING SIGNATURE ACKNOWLEDGES THAT THE PRACTICUM STUDENT HAS REVIEWED THE PRACTICUM SITE MANUAL.

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

\_\_\_\_\_  
Date

THE FOLLOWING SIGNATURE ACKNOWLEDGES THAT THE SITE SUPERVISOR HAS:

- Reviewed the practicum site manual
- Has the relevant experience and credentials to provide clinical supervision to a mental health counseling student in New York state
- Reviewed the orientation & supervision information/training (e.g., readings, videos) in the supervision section of our [website](#)

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date