

# PACIFICA GRADUATE INSTITUTE

## M.A. TRAINEESHIP PROPOSAL FORM

Today's Date \_\_\_\_\_

Track:  MA-C  MA-D  MA-L

**Trainee:**

**Student's Name** \_\_\_\_\_ Insurance Policy effective \_\_\_\_\_ through \_\_\_\_\_

**Proposed Traineeship Site** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**SUPERVISION:** Supervisor's name \_\_\_\_\_

Supervisor's License Number \_\_\_\_\_ Degree \_\_\_\_\_

Length of weekly individual supervision \_\_\_ / group supervision \_\_\_ Number of trainees in group \_\_\_\_\_

Type of site (hospital, mental health clinic, agency) \_\_\_\_\_

Type of clinical services (in-patient, out-patient, other) \_\_\_\_\_

**CLIENTS:** Average number of clients you will see per week \_\_\_\_\_

Population served (children, adolescents, adults, geriatric, families) \_\_\_\_\_

What kind of clinical training does site provide? \_\_\_\_\_

Number of hours student will spend weekly at traineeship site \_\_\_\_\_

Length of commitment to traineeship site \_\_\_\_\_

Are you participating in other training experiences outside your traineeship at Pacifica? \_\_\_\_\_

**TO THE SUPERVISOR:**

- A. I agree to evaluate the student's clinical skills on a quarterly basis and at the conclusion of the traineeship.
- B. I have reviewed and am aware of the Pacifica Traineeship Requirements as noted in the Affiliation Agreement.
- C. I understand that the student is required to provide a minimum of 150 hours of face-to-face professional services (50 hours per quarter.) These hours must include counseling at least 6 individual clients for a minimum of 6 sessions each, a total of 36 individual hours over the course of the entire traineeship.

My signature certifies that I have reviewed and do accept the above requirements.

\_\_\_\_\_  
Clinical Supervisor's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Pacifica's Director of Clinical Training (MA-L)

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Pacifica's Clinical Coordinator (MA-C & MA-D)

\_\_\_\_\_  
Date Approved

**ATTENTION STUDENT: This application must be approved by the Director of Clinical Training or the Clinical Coordinator PRIOR TO THE BEGINNING OF THE TRAINEESHIP.**

**Please fill out the application, obtain your supervisor's signature, and return original form to:**  
Counseling Psychology Traineeship Office • Pacifica Graduate Institute • 249 Lambert Rd • Carpinteria, CA 93013