

DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY

WESTERN MICHIGAN UNIVERSITY

Application for Permission to Elect CECP 6120, Counseling Practicum

The student's registration for CECP 6120 depends on departmental approval of this application, including completion of all course prerequisites. Considerations for approval may also include full-time student status and number of credit hours completed in degree program.

Name _____ WIN # _____

Bronco Net ID _____ WMU E-mail _____

CECP Program Option: _____ Admitted for semester/year: _____

Semester/session of CECP 6120 to which this application applies: _____ Year _____

Day/Time preferences 1st: _____ 2nd: _____ 3rd: _____
(SEE OPTIONS IN WMU COURSE OFFERINGS)

Location preference (check box): CCPS - Kalamazoo CCPS - Grand Rapids Washington Writer's Academy

Indicate requirements completed, or that you will have completed by the start of the semester/session for which you are applying for practicum:

<u>Prerequisite Requirements</u>	<u>Semester/Session Completed</u>
1. CECP 6020 – Group Dynamics & Procedures	_____
2. CECP 6030 – Tests and Measurement	_____
3. CECP 6040 – Counseling Techniques	_____
4. CECP 6050 – Professional Issues & Ethics	_____
* 5. CECP 6070 – Multicultural Counseling and Psychology	_____
6. CECP 6100 – Career Development	_____
7. CECP 6110 – Theories of Counseling	_____
** 8. CECP 6290 – Organization & Principles of ELEMENTARY School Guidance	_____
** 9. CECP 6300 – Organization & Principles of SECONDARY School Guidance	_____
** 10. CECP 6370 – Organization & Principles of a Comprehensive Sch Couns Program	_____
11. Ten-hours participation <u>as a member</u> in a small group is required of students in Counselor Education programs (e.g., Clinical Mental Health Counseling; College Counseling; Marriage, Couple and Family Counseling; School Counseling, and Rehabilitation Counseling). This applies if you were admitted to the CECP program for or after Fall 1997 (distinguished from taking a first class in CECP). Examples of the small group experience include a counseling group, psychoeducational group, or personal growth and development group. Attach documentation of group experience to this application; include your name, type/name of group, location where group took place, dates of the experience, and the leader's printed name and signature.	
12. A permanent program of study (POS) must be approved by your advisor as a prerequisite for CECP 6120. Attach a copy to this application of the final POS signed and dated by your advisor.	

* Required as prerequisite course for CECP 6120 for all students admitted **FOR** or **AFTER** Spring 2007.

** Required as prerequisite course for CECP 6120 for School Counseling students admitted **FOR** or **AFTER** Spring 2007, when included as part of the program of study. In addition, for students in School Counseling admitted **PRIOR TO** Fall 2014, required as prerequisite for CECP 6120 is completion of either CECP 6290 or CECP 6300 or CECP 6370. For School Counseling students admitted **FOR** or **AFTER** Fall 2014, CECP 6370 is required as a prerequisite for CECP 6120.

(continued)

Name _____

Mailing address _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Advisor name: _____

Indicate number of credit hours completed:

Number of approved transfer hours: _____ (if applicable)

Number of hours completed to date: _____ (in CECP prior to current semester)

Number of hours currently enrolled: _____ (if applying for fall semester include both Summer I and Summer II hours here)

(ADD) TOTAL: _____ (number of hours completed before CECP 6120)

IMPORTANT INFORMATION - READ CAREFULLY:

For Counselor Education CACREP accredited programs, 25 hours of “bridging” experience in CECP 6120 is also required **DURING** the CECP 6120 experience. **The bridging experience cannot be completed at any time other than during CECP 6120 counseling practicum.** Bridging includes a minimum of 25 hours of direct “client” contact relative to your program area. Discuss any questions with your advisor, who must approve your bridging site(s).

Signing your name below and submitting this application indicates that you have read all the information on this application and understand that CECP 6120 (practicum) is an experiential course that, if you are working in the Center for Counseling and Psychological Services (CCPS), requires additional commitment of time working in the CCPS beyond the duration of class time noted in the schedule of classes. This additional time commitment includes, but may not be limited to, supervision, review of session recordings, and paperwork on the computers located in the CCPS.

If you are selected for enrollment in CECP 6120, you are expected to take the course barring any extraordinary circumstances. Failure to do so or unauthorized withdrawal from the course after registration may impact your application status for future semesters. If you are not selected for enrollment in the current application cycle and you will need to re-apply for a future semester, you must submit a new application form.

Student signature: _____ Date: _____

After review of applications, you will receive by e-mail either assignment to a section of CECP 6120 and the CRN for your registration or be notified that you did not get into the course and are on the wait list. This information will be e-mailed to you approximately 4-5 weeks before the semester starts.

FOR OFFICE USE:

CRN #: _____

Date: _____