

**AGREEMENT FOR NON-PRACTICUM CLINICAL WORK**  
*Page 1 to be submitted to the External Practicum Coordinator a minimum of  
 2 weeks **BEFORE** the intended start date.*

\*\*Please review department policy on the completion of  
 Non-Practicum Clinical Work in Practicum Policy Manual before completing this form \*\*

Name of student: \_\_\_\_\_

Name of setting: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Highest Degree: \_\_\_\_\_ Licensing or Certification Information: \_\_\_\_\_

Work begins: \_\_\_\_\_ Work is expected to end: \_\_\_\_\_

Number of Anticipated Hours per Week: \_\_\_\_\_ Weeks (max 52): \_\_\_\_\_

**Describe the nature of the planned clinical activities.** If you have been at this setting before, explain how the planned activities differ from past work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervision:** Method of supervision (scheduled vs informal, one-on-one vs group) & hours per week. If more than one method, give number of hours for each method. Note: The minimum number of supervision hours is 10% of the student’s total number of clinical hours.

Method: \_\_\_\_\_

Hours per week: \_\_\_\_\_

**SIGNATURES:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Research Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

UNB Practicum Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**

1. Graduate School policies stipulate that full-time graduate students are permitted to engage in paid work a maximum of 10 hours/week including any hours worked as a teaching assistant (normally 6 hours/week).
2. Liability insurance for non-practicum work is not provided by UNB. Students must purchase their own insurance through the CPA partnership. The *only* exception to the need for liability insurance for non-course related clinical work is on campus at the PWC or Counseling Centre.
3. Students must obtain approval from their research supervisor and the external practicum coordinator prior to beginning any non-practicum clinical work.
4. A report on completion of the work must be submitted at the end of the agreed upon term (max 1 year) in the setting. Students who wish to continue their work in the setting after 1 year must submit a new approval form identifying new learning goals and opportunities.
5. Failure to obtain approval (i.e., submission of the completed agreement form) *before* beginning the non-practicum work or failure to submit the final report within 1 month of completing the work (i.e., submission of the completed report form) will result in the accumulated hours not being approved for inclusion in a student’s internship application.

**GOALS AND OBJECTIVES FORM**

*Pages 2 and 3 to be submitted to the External Practicum Coordinator a maximum of 1 month after the end date*

**\*\*Please review department policy on the completion of  
Non-Practicum Clinical Work in Practicum Policy Manual before completing this form \*\***

**Student Name:** \_\_\_\_\_

**Clinical Supervisor:** \_\_\_\_\_

Students and supervisors must set goals at the beginning of the time in the setting and evaluate the student’s progress at the end of the time in the setting or at the end of 1 year (whichever comes first). Students are not permitted to remain in a setting longer than one year unless new goals are set. Even then, students must submit a new agreement form.

**Goals and Objectives - Rating AA - Above Average; A – Average; BA – Below Average**

Goals and Objectives	Rating
Goal  Comments	AA  A  BA
Goal  Comments	
Goal  Comments	
Goal  Comments	
Goal  Comments	
Goal  Comments	

**REPORT ON NON-PRACTICUM CLINICAL WORK**

*To be submitted to the Practicum Coordinator at termination of the work experience. Note: Approval of hours will **NOT** be granted without prior submission and approval of page 1 of this form (AGREEMENT FOR NON-PRACTICUM CLINICAL WORK). Approval of hours will **NOT** be granted retroactively.*

**\*\*Please review department policy on the completion of Non-Practicum Clinical Work in Practicum Policy Manual before completing this form \*\***

Name of Student: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Setting: \_\_\_\_\_

Date Work Began: \_\_\_\_\_ Date Work Ended: \_\_\_\_\_

**SUMMARY OF STUDENT’S ACTIVITIES**

Total Intervention Hours (1a-g): \_\_\_\_\_

Total Assessment Hours (1h): \_\_\_\_\_

Total Support Hours (2a-b): \_\_\_\_\_

Total Supervision Hours (3a-c): \_\_\_\_\_

Total Individual Supervision Hrs (3a): \_\_\_\_\_

Total Group Supervision Hrs (3b): \_\_\_\_\_

Grand Total: \_\_\_\_\_

\* Students: Please attach a print out of your Practicum Hours Documentation Spreadsheet

Supervisors: Please indicate whether the student’s work was satisfactory: Yes  No   
 (Please state any concerns on the reverse of this form)

**SIGNATURES**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

UNB Practicum Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_