

**Site & Clinical Supervisor Agreement**  
**Counselor Education Program**  
**Portland State University Graduate School of Education**

1. Community; Couples, Marriage, & Family; Rehabilitation Specializations
2. Internship Site and Experience Requirements
3. The clinical supervisor must have a minimum of a Master's degree in a clinical field and have two years post-Master's counseling experience.
4. The student must accumulate a minimum of 240 hours of direct client contact (10 hours of group facilitation) within a total internship experience of 600 hours over three academic quarters (minimum of 6 credits). This translates into roughly 20 hours per week on site. The student should be provided with a workspace as similar as possible to the professional staff of the agency.
5. The student must receive 1 hour of individual clinical supervision per week **and** 1½ hours of group supervision per week for the site to meet PSU's program accreditation requirements.
6. The clinical supervisor must complete a Quarterly Evaluation and goal setting form (provided), review it with the student and the PSU faculty liaison to the site, and have the original, signed copy placed in the student's permanent internship records file. A copy of the student's log of hours must accompany each quarterly evaluation.
7. The student must carry Professional Liability Insurance during the entire internship placement; adhere to the American Counseling Association's (ACA) Code of Ethics, and the code of ethics of the clinical supervisor if different from ACA.

**PSU Faculty Liaison Role**

1. To be available and consult with the site clinical supervisor about the student's progress and development, or any other issues that emerge during the student's placement.
2. Conduct at least three on-site visits over the course of the academic year (one each quarter). During each visit the student, clinical supervisor, and faculty member will meet to review the Quarterly Evaluation form and discuss student progress and goals.

(Form B-Internship page 2 of 2)

### Signed Internship Agreement

As the designated **on-site clinical supervisor** I agree to the requirements for internship listed above:

*Signature:* \_\_\_\_\_

Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Address: \_\_\_\_\_

License: \_\_\_\_\_

\_\_\_\_\_  
City ST Zip

Office phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

As a **PSU Master's student** I understand and accept the requirements for internship listed above.

*Signature:* \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Days and hours the student will be working at this site:

**PSU faculty member's** acceptance of internship agreement:

*Signature:* \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Form C-1-Internship