



# Counseling & Psychological Services

at Florida State University

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## Academic Program's Verification of Practicum Eligibility

*\*\*\*Please Type or Print the following information:\*\*\**

Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Academic Program/Department: \_\_\_\_\_

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

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

Director of Training Name: \_\_\_\_\_

Director of Training Contact Information [phone and/or email]: \_\_\_\_\_

1. The above named applicant is a student in our program. This student:

a. Is ready to participate in practicum training; has no departmental requirements that would preclude beginning a practicum training experience [please check]:                   **YES**                   **NO**

If no please explain: \_\_\_\_\_

b. Is the student in good standing [please check]:                   **YES**                   **NO**

If no please explain: \_\_\_\_\_

c. Is the student on probation [please check]:                   **YES**                   **NO**

If yes, please explain: \_\_\_\_\_

2. Please answer the following statements indicating "Agree or Disagree." If any statement is answered as "Disagree," please attach an explanation on a separate sheet.

The applicant possesses the academic /theoretical foundation to begin practicum training.

The applicant possesses the skills necessary to translate theory into practice.

The applicant has been exposed to and understands ethical principles.

The applicant demonstrates the capacity to participate in supervision.

There are no complaints filed or currently pending against this applicant

3. The above named applicant is considered eligible and ready for upcoming practicum training during the Fall and Spring semester.

Signature of Director of Training

Date