



# Counseling & Psychological Services

at Florida State University

850.644.TALK (8255) | counseling.fsu.edu

942 Learning Way, Suite 250  
Tallahassee, FL 32306  
Phone: 850-645-8255 (TALK)  
Fax: 850-644-3150

## 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: **YES or NO.**

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

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

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

c. Is the student on probation [please circle]: **YES or 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.

**Agree or Disagree**      The applicant possesses the academic /theoretical foundation to begin practicum training.

**Agree or Disagree**      The applicant possesses the skills necessary to translate theory into practice.

**Agree or Disagree**      The applicant has been exposed to and understands ethical principles.

**Agree or Disagree**      The applicant demonstrates the capacity to participate in supervision.

**Agree or Disagree**      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