



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