

**Site Approval Form**  
**Professional Clinical Counseling (PCC) Field Experience**

**Student Information:**

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

**Address:** Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

**Placement Site: (Circle yes or no if employed there)**

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

**Address:** Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Type of Clients Served: \_\_\_\_\_

**Supervisor:**

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

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

Supervisor Phone: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

Office Hours: \_\_\_\_\_

**Description of Activity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On-Site Supervision Contract:**

I agree to supervise \_\_\_\_\_,  
a counselor trainee enrolled in the Counselor Education MA with Professional  
Clinical Counselor (PCC) Program at California State University, Stanislaus  
during his/her placement at \_\_\_\_\_.

**I have confirmed that our agency has an approved Memorandum of Understanding (MOU) with CSU Stanislaus.**

**I understand that our agency MUST provide ALL of the following professional clinical counseling experiences: 1) applied psychotherapeutic techniques, 2) assessment, 3) diagnosis, and 4) treatment.**

I understand that the student is required to keep a log of his/her counseling activities and is responsible for all assigned paperwork or documentation of assigned individual and/or group counseling activities.

I understand that I am responsible for monitoring the trainees' work while on-site, assigning a work schedule, appropriate counseling activities, and discussing the performance of those activities on a regularly scheduled basis with the trainee.

I have been presented with a listing of students' rights and responsibilities as well as on-site supervisors' rights and responsibilities.

\_\_\_\_\_  
On-Site Supervisor Signature Date

\_\_\_\_\_  
On-Site Supervisor Name (Printed)

\_\_\_\_\_  
Counselor Trainee Signature Date

\_\_\_\_\_  
Counselor Trainee Name (Printed)