**Petition for Additional Clinical Training Site**

* ***This Petition is used by students who are providing therapy under supervision at a clinical training site, and who are requesting permission to provide therapy under supervision at an additional site.***
  + *To request permission for an additional clinical site, students should be in good academic standing.*
  + *This form should be used only for approved clinical training sites.*
* *A student may not provide therapy at any additional site until the MFT Director of Clinical Education has signed this petition.*

**STUDENT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | | | | | Today’s Date: |  | | |
| Telephone: |  | | | UVU Email: | |  | | | |
| Program Cum GPA: |  | | *Are you in good standing with UVU?* | | | | Yes | | No |
| Total Therapy Hours to date: |  | | *Do you have Satisfactory status with the MFT program?* | | | | Yes | | No |
| Total Individual Hours to date: |  | | *Do you have a B or better grade in all current courses?* | | | | Yes | | No |
| Total Relational Hours to date: |  | | Total Supervision Hours to date: | |  | Total Raw Data Hours to Date: | |  | |
| Please describe your need/rationale for adding an additional site: | |  | | | | | | | |

**CURRENT CLINICAL TRAINING SITE INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Site Name: |  | | | Telephone: |  | | |
| Supervisor Name: |  | | Supervisor Email: |  | | | |
| *How many hours per week are you providing therapy at this site?* | | | |  | | | |
| *How many cases are you currently seeing at this site?* | | | |  | | | |
| *Have you discussed with your supervisor your plan to take on an additional training site?* | | | | | | Yes | No |
| *Is your current supervisor supportive of your plan to take on an additional training site?* | | | | | | Yes | No |
| *Please note any conditions for adding an additional training site:* | |  | | | | | |

**POTENTIAL ADDITIONAL CLINICAL TRAINING SITE INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site Name: |  | | Telephone: |  | | |
| Supervisor Name: |  | Supervisor Email: |  | | | |
| *Have you discussed with this supervisor your ongoing clinical obligations at your current clinical training site?* | | | | | Yes | No |
| *What will the time commitment be at this additional training site?*  *(therapy, case notes, staff meetings, supervision, etc.)* | | | | |  | |
| *What is your plan to manage your time and responsibilities at both sites?* | | | | | | |

**Return this completed form to: UVU MFT Program Manager for approval of Director of Clinical Education**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Director of Clinical Education Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_