

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:		<i>Are you in good standing with UVU?</i>	Yes	No
Total Therapy Hours to date:		<i>Do you have Satisfactory status with the MFT program?</i>	Yes	No
Total Individual Hours to date:		<i>Do you have a B or better grade in all current courses?</i>	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:		

<i>How many hours per week are you providing therapy at this site?</i>			
<i>How many cases are you currently seeing at this site?</i>			
<i>Have you discussed with your supervisor your plan to take on an additional training site?</i>		Yes	No
<i>Is your current supervisor supportive of your plan to take on an additional training site?</i>		Yes	No
<i>Please note any conditions for adding an additional training site:</i>			

POTENTIAL ADDITIONAL CLINICAL TRAINING SITE INFORMATION

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

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: _____