**Petition to Leave Clinical Training Site**

* ***This Petition is used by students who have been providing therapy under supervision at a clinical training site, and who are requesting permission to leave that site.***
  + *MFTs have an ethical responsibility to not abandon clients. Leaving a clinical training site should – at a minimum - involve a discussion with the Clinical Site Supervisor about a transition plan, which might include transferring clients and completion of any outstanding paperwork.*
* *A student may only provide therapy at a different approved clinical training site, if the MFT Director of Clinical Education has approved and signed the Petition to Start Hours at Clinical Training Site form for that site.*

**STUDENT INFOMRATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 leaving this clinical site: | |  | | | | | | | |

**CLINICAL TRAINING SITE INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site Name: |  | | Telephone: |  | | |
| Supervisor Name: |  | Supervisor Email: |  | | | |
| *Have you discussed with your supervisor about your plan to leave/transition out of this clinical training site?* | | | | | Yes | No |
| *Is your supervisor supportive of your plan to leave this clinical training site?* | | | | | Yes | No |
| *These plans should include:*   * *Transferring of cases* * *Completion of paperwork* * *Financial logistics* * *Personnel logistics (remove personal items from office, return office keys, etc.)* | | | | | | |
| *How many hours per week have you been providing therapy at this site?* | | | | |  | |
| *How many cases are you currently working with at this site?* | | | | |  | |
| ***Has your supervisor signed off on all hours completed at this site?*** | | | | | Yes | No |
| *Is there anything else that you would like to note about the preparation you have made to transition out of this site in an ethical and professional manner?* | | | | | | |

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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