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## Petition to Leave Clinical Training Site

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- ***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 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 leaving this clinical site:				

### CLINICAL TRAINING SITE INFORMATION

Site Name:		Telephone:		
Supervisor Name:		Supervisor Email:		
<i>Have you discussed with your supervisor about your plan to leave/transition out of this clinical training site?</i>			Yes	No

<i>Is your supervisor supportive of your plan to leave this clinical training site?</i>	Yes	No
<i>These plans should include:</i> <ul style="list-style-type: none"> <li>• <i>Transferring of cases</i></li> <li>• <i>Completion of paperwork</i></li> <li>• <i>Financial logistics</i></li> <li>• <i>Personnel logistics (remove personal items from office, return office keys, etc.)</i></li> </ul>		
<i>How many hours per week have you been providing therapy at this site?</i>		
<i>How many cases are you currently working with at this site?</i>		
<b><i>Has your supervisor signed off on all hours completed at this site?</i></b>	Yes	No
<i>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?</i>		

*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:* \_\_\_\_\_