**Petition to Start Hours at Clinical Training Site**

* ***This Petition is used any time a student is seeking permission to provide therapy under supervision at an approved Clinical Training Site.***
	+ *To request permission to provide therapy at an approved off-campus clinical training site, students should be in good academic standing.*
	+ *This form should be used only with Clinical Training Sites that have been previously approved by the MFT Director of Clinical Education.*
* *A student may not provide therapy at any site until the MFT Director of Clinical Education has signed this form.*

 **STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |   | Today’s Date: |  |
| Address: |   | City: |   | State: |   | ZIP: |   |
| Telephone: |   | UVU E-mail:  |  |

**CLINICAL TRAINING SITE INFORMATION**

|  |  |
| --- | --- |
| Site Name & Location: |   |
| Supervisor Name: |   |

**CLINICAL TRAINING SITE SCHEDULE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Expected Start Date: |  | Expected Completion Date: |  |
| Number of Days Per Week: |  | Number of Hours Per Week: |  |
| Supervision Day/Time: |  |

**CLINICAL TRAINING SITE CHECKLIST:**

|  |  |  |
| --- | --- | --- |
| *Have you completed or is there a plan for you to complete onboarding at this site (i.e., is there someone who will show you how to do paperwork, scheduling, etc.)?* | Yes | No |
| *Is there anything you would like to add about the preparation you have made to transition ethically and professionally to this site?* |

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

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

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

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