**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.***
  + *We have an ethical responsibility to not abandon clients. So, 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 site if the MFT Director of Clinical Education has signed the MFT Clinical Training Agreement and the Petition to Start Hours at Clinical Training Site form for that site.*

**IDENTIFYING DATA - STUDENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | | | Today’s Date: |  | |
| Telephone: |  | | UVU Email: |  | | |
| Total Therapy Hours: |  |  | | | Yes | No |
| Relational Hours: |  |  | | | Yes | No |

**IDENTIFYING DATA – CLINICAL TRAINING SITE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site Name: |  | | Telephone: |  | | |
| Supervisor Name: |  | Supervisor Email: |  | | | |
| *Have you told this 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 |
| *Has your supervisor signed off on all hours completed at this site?* | | | | | Yes | No |
| *How many hours per week have you been providing therapy at this site?* | | | | |  | |
| *How many clients are you currently working with at this site?* | | | | |  | |
| *Do you have open cases that will need to be transferred?* | | | | | Yes | No |
| * *If yes, have those transfers been assigned?* | | | | | Yes | No |
| *Are all of your files and case notes complete?* | | | | | Yes | No |
| * *Have you notified your supervisor about the completion of all of your case notes?* | | | | | Yes | No |
| *Are there any financial issues that need to be resolved with the site (i.e., client billing, payment for hours, etc. )?* | | | | | Yes | No |
| *Are there any logistical issues that need to be resolved with the site (i.e., do keys need to be returned, do any personal items need to be removed)?* | | | | | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Return this completed form to: UVU MFT Director of Clinical Education**