**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.*
  + *To seek approval for a new site, use the Petition for Program Approval of New Clinical Training Site form.*
* *A student may not provide therapy at any site until the MFT Director of Clinical Education has signed this form and the MFT Clinical Training Agreement.*

**IDENTIFYING DATA - STUDENT**

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

**IDENTIFYING DATA - CLINICAL TRAINING SITE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site Name: |  | | | | | | | | | |
| Program Website: |  | | | | | | | | | |
| Address: |  | City: | |  | State: |  | ZIP: | |  | |
| Supervisor Name: |  | | | | Telephone: |  | | | | |
| Supervisor License: |  | | Supervisor has completed training to supervise MFTs in Utah? | | | | | Yes | | No |

**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:**

|  |  |  |
| --- | --- | --- |
| *Did you provide Lori a copy of the MFT Clinical Training Agreement signed by the Clinical Site Supervisor?* | Yes | No |
| *Does Lori have a copy of the supervisor’s license?* | Yes | No |
| *Does Lori have a copy of the supervisor’s qualifications to supervise MFTs in Utah?* | Yes | No |
| *Have you provided this supervisor with a copy of the Practicum Handbook?* | Yes | No |
| *Has this supervisor met with the MFT Program Director or Director of Clinical Education?* | Yes | No |
| *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: \_\_\_\_\_\_\_\_\_\_\_\_\_ 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**