



Instructions: Complete this form with the Site Host and obtain required signatures. Print form. Form cannot be saved. Due: ACD/EDC: End of 10 th week of term prior; SCG: End of 1 st week of term in which registered for clinical.		
Student Demographic Information		
Name:		UFID:
Home Phone	Work Phone	Cell Phone
UF Email:		
Clinical Term Information		
Semester:	Year:	Clinical Experience:
Date Term Begins:		Date Term Ends:
Clinical Course:		Group Supervision Course:
Site Host Information		
<i>Site Hosts must be a professional employed at the site and meet the following criteria: (a) has academic and professional credentials exceeding those of the student (i.e., earned masters or doctorate in counseling or related field) and (b) agrees to coordinate, manage, and/or administrate the student's professional activities at the site. Professionals who serve as site hosts automatically receive a University of Florida tuition waiver voucher for providing this service. University of Florida employees are ineligible to receive tuition waivers. This tuition waiver voucher must be processed, even if the site host does not intend to use it. The following information must be provided in order for the student to do a practicum or internship at the site.</i>		
Site Host:		SSN:
UF Employee:		License No.
Highest Earned Degree:		Profession:
Position Title:		
Agency Name:		
Agency Mailing Address:		
City:	State:	Zip:
Agency Phone:		Agency Fax:
Site Host Email:		

Name:	UFID:
Authorization and Required Signatures	
<i>The site host's signature below indicates authorization for the student identified above to participate in a practicum or internship at your site as well as your commitment to serve as a site host for that student. Student safety should be a top priority. Trainees working with known potentially aggressive or violent clients must be supervised at all times, and students should never be left alone with a client in an agency or school. Your signature below also indicates that you are able and willing to assist with securing the safety of our trainees.</i>	
Site Host	Date
<i>The student's signature below indicates her/his acknowledgement of student expectations of professional, ethical, and collegial behavior during the clinical experience. The Site Agreement represents a quasi-legal contract among three signatories: the site, the department, and the student. All parties are expected to honor the terms of the agreement unless all parties agree that it can be modified. Choosing not to honor the terms of the contract represents a form of professional/ethical misconduct that could result in dismissal from the program.</i>	
Student	Date
Onsite Supervision Authorization	
<i>At some sites, a student receives "Individual Supervision" from a qualified professional employed by the site. Individual supervision involves a minimum of one (1) hour per week of one-to-one supervision between the student and supervisor, and is provided in addition to site host activity. If the student is to receive onsite individual supervision, please provide the following information.</i>	
Onsite Individual Supervisor:	
Email:	License No.:
<i>At some sites, a student receives "Group Supervision" from a qualified professional employed by the site. Group supervision involves a minimum of one and one-half (1 ½) hours per week of group supervision by the supervisor for the student and/or employees of the site, and is provided in addition to site host activity. If the student is to receive onsite individual supervision, please provide the following information.</i>	
Onsite Group Supervisor:	
Email:	License No.: