# Application for Approval to Engage in Specialized Practice

***(Appendix L)***

As per the Counselling Psychology Practicum Handbook, the following specialized counselling practices require Clinical Coordinator approval prior to engaging in these types of client work in practicum. Approval for specialized counselling will be based on the student’s academic and professional development training as well as the Supervisor competencies. Counselling in other areas of specialization may also require prior instructor approval. Specialty areas include, but are not limited to the following:

* **Child Counselling:** Counselling with clients age 10 and under.
* **Adolescent Counselling:** Counselling with clients between the ages of 11-17**.**
* **Family/Relationship Counselling**: Counselling where the client is those in a relationship or family (more than one client in the room).
* **Group Counselling:** The student is an active co-facilitator in a counselling group where at least one other facilitator has experience and documented training facilitating the group; and the student is active 50 percent of the time during the group therapy/counselling sessions.
* **Formal Assessment - Level C**: The student completes the administration, scoring, interpretation, and report writing with adequate supervision from a Supervisor who has competence in the practice of formal assessment. A maximum of 20 hours from Assessment may count towards the Direct Counselling hours. Assessment occurs with non-counselling clients (they are not engaging in formal assessment with a client who they are also providing counselling with).

NOTE: Virtual sessions may be permitted with the approval of the Instructor. Additional training in providing virtual services with the supervisor on standby may be required. Students intending to apply for Canadian Certified Counsellor (CCC) designation with the Canadian Counselling and Psychotherapy Association (CCPA) should review the requirements relative to practicum experiences. Specifically, CCPA’s requirement that at least 75% of all direct counselling hours must meet their “relational processing criteria”.

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| **Name of Student:** |  | **UL Student ID:** |  |

**Select** the **TYPE OF SPECIALIZED PRACTICE** that will be undertaken:

1. Please describe the specialized counselling practice that you have been asked to engage in during your practicum. Refer to the content above, or Practicum Handbook (2.3 Definition of Practicum Hours) for categories that have been designated as specialized practice.
2. In the following sections, provide evidence of your competence to engage in the specialized practice. Attend to each of the components of the practice outlined in your description of the practice (e.g. age, therapeutic modality, etc). Demonstrated competence based on:

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| * 1. Work experience (include position, timeframe and description of how it is relevant to the current area of practice)
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| * 1. Volunteer experience (include position, timeframe and description of how it is relevant to the current area of practice)
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| * 1. Related Academic Coursework completed
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| * 1. Additional training/professional development completed
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| * 1. Other
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1. **Learning Plan**. Based on your current description of competencies, identify gaps in your current knowledge, skills, and abilities that will be necessary to engage in before starting work in the specialized practice area. Review these gaps with your supervisor and identify strategies to obtain these competencies. These may include on site training, extra curricular professional development, supervisor guided study plan, additional supervision, etc.

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| Describe gaps in current knowledge: |
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| Describe gaps in skills and abilities: |
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| Describe strategies to fill these gaps: |
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| --- | --- | --- | --- |
| **Name of Student:** |  | **UL Student ID:** |  |

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| Describe gaps in current knowledge: |
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| Describe gaps in skills and abilities: |
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| Describe strategies to fill these gaps: |
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1. Please attach your **CURRICULUM VITAE** that lists the above information

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| **Student Signature**: |  |
| Date:  |  |

1. **SUPERVISOR ATTESTATION**. Please review this document with your Supervisor in detail and have your Supervisor read and sign the following declaration.

I have reviewed the above application to engage in specialized practice with the practicum student named, I am aware of both their areas of competence relevant to this work as well as their gaps in knowledge, skills, and abilities. As the Supervisor, I have the supervision competence to provide supervision to the student, given their current state of competence in this area and I am confident in my ability to work with them to adhere to the learning plan to ensure they develop the competence they need to ensure client safety. I am also committed to ensuring that they are assigned clients that are appropriate for their developmental level relative to this plan.

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| **Name of Supervisor**: |  |
| Signature: |  |
| Date:  |  |