



Practicum Placement Confirmation

Semester

Year

Practicum Student Name:

Acadia Student #:

Preferred E-mail:

Phone:

Four Month Practicum Period: ☐ September 1 to December 31 (Fall Practicum)

☐ January 1 to April 30 (Winter Practicum)

Practicum Site:

Practicum Address:

Site Supervisor Name:

Site Supervisor Email:

Phone:

Site Supervisor Qualifications Confirmation:

- ☐ minimum of a **master's degree in Counselling** or a related field (e.g., Social Work, Psychology)
- ☐ **professional affiliation** [membership in CCPA, other recognized professional counselling association, or a provincial/territorial regulatory college]
- ☒ competency in a **professional counselling** capacity for **at least 4 years after earning a graduate degree in Counselling** or a related field
- ☐ **familiarity with Acadia University's Master of Education in Counselling program and ethical commitment to CCPA Code of Ethics and Standards of Practice.**

Signature of **Practicum Student**

Signature of **Practicum Site Supervisor**

Please complete and sign the Practicum Placement Confirmation and forward as an attachment to the Clinical Coordinator: Kelly Brenton (kelly.brenton@acadiau.ca)