LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING DEPARTMENT OF COUNSELING PSYCHOLOGY

Clinical Review Form

Student Na	ıme:								
Home Pho	ne:			_ Ema	ail:				
Program:	□РМНС	□ РМНС-А		Focus:	☐ Adult	☐ Chile	d		
Ethical Gui	<i>delines</i> have l	peen signed by t	he student	and resid	de in the st	udent file:	□ Yes	□ No	
and Addict	ion Counselin		meet with	an advis				sional Mental Health ned approval to enro	
 To To To To 	o update your o review your o discuss your o provide appr	file progress in the p practicum plans oval to enroll in	program	class				ved, or transferred)	
Please veri	fy that your o	riminal backgro	und check i	results a	re on file ir	the CPSY	office.		
		cial transcript fro show that you h						rising appointment. For practicum:	
	<u>Prerequis</u>	<u>ites</u>							
	☐ MHCA 5	502/MHC 503 (p	reviously CI	PSY 502/	503)	□ MHC 51	3 (previo	usly CPSY 512/513)	
	☐ CPSY 50	04/MHC 534 (pre	viously CPS	SY 534)		CPSY 51	4/515		
	☐ CPSY 50	06				☐ CPSY 52	2		
	☐ MHC 50	9/MHCA 511 (p	reviously CI	PSY 509/	511)	CPSY 52	3		
	☐ MHC 53	32/MHCA 525 (p	reviously CI	PSY 510/	525)	□ МНСА 5	24 (prev	iously CPSY 524)	
	☐ CPSY 53	30/MHC 535 (pre	eviously CPS	SY 535)		CPSY 55	0		
		ppment Portfolio can sign off on y						nical placement. Plea the portfolio:	
	Helpin Person 12-Ste Docum Statem	sional Resume (C g Experience (20 al Counseling (1) p Meeting Atten tentation of Colla tent of Current P sional Record Sys	0 hours) 0 hours) dance (4) aboration S rofessional						
Backgroun	letes cleared? d check result	s reviewed?	☐ Yes ☐ Yes	□No					
Student Signature:						Date:			
Advisor Signature:						Date:			