

# BYU MFT Internship Contract

Name \_\_\_\_\_ (circle one) MS or PhD Internship Start Date \_\_\_\_\_

Site Name \_\_\_\_\_ Site Phone Number \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Highest Degree and Field \_\_\_\_\_

Type of License (MFT, MSW, Psych, etc.): \_\_\_\_\_ Licensure # \_\_\_\_\_

Yrs. of experience as an MFT supervisor \_\_\_\_\_

Supervisor Type: (circle one) AMFT Approved *or* Utah State Approved Supervisor *or* None

## Student Must:

- Have completed a minimum of 1 academic year of therapy onsite at BYU Comprehensive Clinic *and* have approval from MFT advisor and faculty to work off-site.
- Maintain accurate records of client contacts including treatment plans, case notes, log of contact hours and weekly supervision hours. Supervisor will complete evaluations and verify client hours as required by final date of each semester.
- Required to have active AAMFT Student Membership and provide proof of liability insurance.
- **Students must be actively enrolled in MFT 770R** with off-site placement approval for the insurance to take effect. The details of this coverage are outlined at [https://www.aamft.org/membership/Student\\_liability\\_FAQS.aspx](https://www.aamft.org/membership/Student_liability_FAQS.aspx)

## Please attach:

- a description of the site
- anticipated number hours of client contact per week
- method of supervision (in person/zoom)
- whether the off-site internship can provide audio and/or video recordings (yes or no)
- the amount you will be paid per session
- a copy of the supervisor's vita and the letter/contract for Approved Supervisor or Supervisor-in-Training status from AAMFT or DOPL for the State of Utah, if applicable

## Requirements for Off-Site Practicum Site:

1. Supervisor agrees to fill out an evaluation each semester/term that the student is in their service and return this to the MFT Part-time Secretaries (mftptsec@byu.edu).
2. Supervisor agrees to provide one hour of supervision for at least every five hours of client therapy. It is preferred that 50% of the supervision be done live or via video.
3. If practicum relationship proves to be unsatisfactory to either party due to problems with the student's performance or site performance and no resolution is reached, either of the parties has the right to terminate the contract with 15 days' notice.

STUDENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

APPROVAL BY CHAIR \_\_\_\_\_ Date \_\_\_\_\_

APPROVAL BY AGENCY \_\_\_\_\_ Date \_\_\_\_\_

Clinical/Agency Supervisor

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## Office Use Only

\_\_\_ Internship site approved \_\_\_ Internship site denied \_\_\_ Internship site approved with qualifications

\_\_\_\_\_ Date \_\_\_\_\_

MFT CLINICAL DIRECTOR

(Form Updated April 2022)