BYU MFT Internship Contract

Name _____**MS or PhD** **Desired Internship Start Date** _____

Site Name _____ **Offsite Supervisor Email** _____

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) AAMFT Approved *or* AAMFT Supervisor in Training *or*

Utah State Approved Supervisor *or* None

To Be Eligible…

- **Students must be actively enrolled in MFT 770R**
- Student must have approval from MFT advisor and wider faculty to work off-site.
- MS Students have competed 250 face-to-face clinical hours
- Student must provide proof of liability insurance
- **Please Complete** The Online Form **in addition to turning in this form**

Requirements for Off-Site Practicum Site:

1. Student will Maintain accurate records of client contacts including treatment plans, case notes, log of contact hours and weekly supervision hours.
2. Student and Supervisor agree to fill out an evaluation and hours log each semester/term of their student internship
3. 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.

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

Lauren Barnes
_____ Date_____
MFT CLINICAL DIRECTOR

(Form Updated December 2025)