

# Individual Practicum / Supervision Registration Agreement

California Institute of Integral Studies  
1453 Mission Street, San Francisco, CA 94103  
FAX: 415-575-1267

Please complete all items on this form or it may delay processing

Semester:  Fall  Spring  Summer Year: 20\_\_

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## Section A: Student / Trainee / Intern Information

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security Number \_\_\_\_\_

Program \_\_\_\_\_ Concentration \_\_\_\_\_ Degree \_\_\_\_\_

Name & Address of Training Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Section B: Supervisor's Information

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street / Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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## Section C: Signatures

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Student \_\_\_\_\_ Date \_\_\_\_\_ Program Director \_\_\_\_\_ Date \_\_\_\_\_

Placement Office (current copy of fieldwork agreement) \_\_\_\_\_ Registrar \_\_\_\_\_ Date \_\_\_\_\_

# GUIDELINES, PROCEDURES, AND APPROVALS FOR CLINICAL SUPERVISION

Revised 09/03

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## **PROCEDURE**

1. Student meets with program director or designee to select approved Clinical Supervisor (supervisor).
2. Student completes Sections A and B, then signs the Individual Practicum / Supervision Registration Agreement.
3. Student walks form to program director (or designee) for signature..
4. Student submits completed Individual Practicum / Supervision Registration Agreement and shows a copy of Fieldwork Agreement to registrar's office by date indicated on the course schedule calendar. (Student should keep a copy of the agreement for personal records.)
  - a. If student does not have copy of Fieldwork Agreement, student must obtain a signature from the placement office indicating Fieldwork Agreement is current.
5. Student begins practicum.
6. Registrar signs the Individual Practicum / Supervision Registration Agreement and forwards a copy to Program Coordinator.