

**Saint Louis University
Medical Family Therapy Program**

**M.A. Internship Clinical Internship Contracts
University Section**

Name of Student:	Dates of Internship: From: To:
Internship Site:	Site Supervisor: AAMFT Approved Supervisor or equivalent Yes _____ No _____
Site Administrative Director	MedFT Supervisor:

The Medical Family Therapy Program agrees to assign an **AAMFT Approved Faculty Supervisor** or **Faculty Supervisor-in-Training** to serve as the university supervisor for the M.A. Internship if an AAMFT supervisor or equivalent is not available at the site.

The university will:

1. Meet regularly with each internship student for clinical supervision to discuss the internship process, cases, and other pertinent issues related to relational practice.
2. Provide the student with all the necessary forms and reports for the internship.
3. Contact the **Site Supervisor** at the beginning of the student's internship to discuss the student's specific internship experiences.
4. Telephone the Site Supervisor and/or visit the internship site to monitor the student's progress and confer with the supervisor.
5. Provide materials for evaluation of the student and the internship experience.

The Director of Clinical Programs of the Medical Family Therapy Program will serve as liaison to the On-site internship supervisor.

Saint Louis University insures all students are registered in classes, practica, or internships. The Internship student will also carry his or her own liability insurance.

Katie Heiden-Rootes, Ph.D.
Director, Clinical Services, Medical Family Therapy Program
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Date

Agency/Internship Site Section

_____ accepts _____
Agency/Internship Site **Student Name**

for a internship in couples and family therapy for _____
months and dates

The Site Supervisor agrees to the following:

1. To provide clinical/internship experiences to the student named above who is enrolled in the Masters Internship at Saint Louis University.
2. To be available if questions or concerns arise either by phone or in person.
3. To provide the following student with at least one hour of supervision weekly.
4. To allow the student to audiotape or videotape therapy sessions for supervision.
5. To allow clinical data (records, audio recordings of sessions, video recording of sessions) from student's cases at their site to be brought to a faculty supervisor on campus for supervision. This is essential when the site supervisor is not approved by the Missouri State Board of Marriage and Family Therapy to provide supervision for individuals seeking a License in Marriage and Family Therapy or an AAMFT Approved Supervisor.
6. To contact the Director of Clinical Programs or the university supervisor if any question or concerns arise throughout the course of the Internship.
7. To complete the student evaluation forms when requested.

Designated Agency/Internship Site Director Date

Designated Site Supervisor Date
(AAMFT Approved Supervisor ____ yes ____ no)
(Missouri Board Approved LMFT Supervisor ____yes ____no)

Supervisor License Number and Type

Site Address and Telephone Number/s

Student Section

Name of Student

To persons concerned – I agree to:

1. Adhere to the policies and procedures for professional personnel in the setting of my internship.
2. Maintain professional standards in keeping with the ethical standards of the American Association of Marriage and Family Therapists.
3. Cooperate with the site supervisor in my internship setting and with my Saint Louis University supervisor.
4. Maintain an accurate and complete log of activities as requested by the university and/or site supervisor.
5. Attend regular supervision from my faculty supervisor on campus in the event my site supervisor is not a Missouri State Approved LMFT supervisor or an AAMFT Approved Supervisor.
6. To carry liability insurance.
7. Submit required reports/evaluations in a timely manner to the site supervisor, my university supervisor, and any other agencies or persons assigned.
8. Report concerns or problems promptly and completely to site and university supervisors so that these may be resolved.
9. Attend required meetings at both the site and the university.

Date

Signature of Student

Address of Student

Student Telephone Number/s