

INTENT TO BEGIN CLINICAL PRACTICUM - MACP/MCP/SYC

STUDENT: _____ STATUS (Full or part-time): _____

TELEPHONE: _____ EMAIL: _____

ADDRESS: _____

In order to begin clinical practicum training, you must be in **good standing**:

- ☐ You are not on probation and no concerns have been raised with the Director of Training.
- ☐ You have completed your Social Justice Practicum (SJP) hours and evaluations have been completed and submitted.
- ☐ You have a clear Criminal Record Check on the file with the University for the purpose of working with Children or Vulnerable Adults.
- ☐ Your GPA is 3.5 or higher.
- ☐ You are not on any "Hold" status by the registrar's department. (i.e., balance due on your account).
- ☐ You have completed admission conditions. (i.e., Submitting transcripts, and program prerequisites.)
- ☐ You have completed the Indigenous Canada online course and submitted it to the eSRPP.
- ☐ You have completed all of the following pre-requisite courses by the end of the semester before practicum begins: **(Please clearly indicate your program by check marking either Main Program or S&Y Program in the box located to the left of your respective program)**

(Main Program Pre-Requisites)

- | | | | | | |
|--------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> MACP 200 | <input type="checkbox"/> MACP 472 | <input type="checkbox"/> MACP 505 | <input type="checkbox"/> MACP 520 | <input type="checkbox"/> SJP 202 |
| | <input type="checkbox"/> MACP 201 | <input type="checkbox"/> MACP 473 | <input type="checkbox"/> MACP 516 | <input type="checkbox"/> MACP 641 | <input type="checkbox"/> SJP 203 |
| | <input type="checkbox"/> MACP 402 | <input type="checkbox"/> MACP 474 | <input type="checkbox"/> MACP 517 | <input type="checkbox"/> MACP 647 | |

(S &Y Program Prerequisites)

- | | | | | | | |
|--------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> MACP 200 | <input type="checkbox"/> MACP 472 | <input type="checkbox"/> MACP 516 | <input type="checkbox"/> MACP 641 | <input type="checkbox"/> MSYC 582 | <input type="checkbox"/> SJP 202 |
| | <input type="checkbox"/> MACP 201 | <input type="checkbox"/> MACP 473 | <input type="checkbox"/> MACP 517 | <input type="checkbox"/> MACP 647 | <input type="checkbox"/> MSYC 583 | <input type="checkbox"/> SJP 203 |
| | <input type="checkbox"/> MACP 402 | <input type="checkbox"/> MACP 505 | <input type="checkbox"/> MACP 520 | | <input type="checkbox"/> MSYC 584 | |

I certify that:

I understand the requirements that must be met in order to begin clinical practicum.

I understand that my clinical practicum will be delayed if these requirements are not met. I will notify the Training Department should my intended start date change.

I intend to begin clinical practicum in _____
(Term) (Year)

Signature _____

Date _____

Please submit this form (email the electronic copy) to Honey Mokaram, hmokaram@adler.edu.