Alliant University

2025-26

CFT INTERNSHIP GUIDELINES

COUPLE AND FAMILY THERAPY GRADUATE PROGRAMS

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Pre-Doctoral (PhD/PsyD) Internship

The doctoral internship is the experiential element of the student's capstone year in the doctoral program. The word "internship" as used here applies to the Alliant CFT program pre-doctoral internship. It should not be confused with "intern" (a state licensing term used by the Board of Psychology for pre-doctoral as well as post-doctoral pre-licensed clinicians and other licensing boards in various states). The distinction is important as each term carries with it a separate set of requirements. The clinical training portion of this manual contains detailed information about the pre-doctoral internship, such as information about pre-requisites, etc.

Students also must complete and retain BBS clinical hours forms (which can be downloaded from http://www.bbs.ca.gov) or appropriate Board of Psychology forms (http://www.psychboard.ca.gov) for licensure purposes.

Prerequisites

- All doctoral core courses need to be completed before starting internship.

Doctoral (PhD/PsyD) Timeline of Tasks

Timeline of tasks for CFT doctoral degree students

Full-time doctoral students are expected to complete the doctoral program in 5 years. The maximum time limit for doctoral program completion is 8 years. You are responsible for completing each of the following tasks on time, and keeping up to date with exact event dates, procedures, and any rule or deadline changes made by Alliant and/or the California Board of Behavioral Sciences (BBS). Failure to complete one task on time will cause delays in others (for example, you cannot begin seeing clients in practicum until you have obtained liability insurance).

FIRST AND SECOND ACADEMIC YEAR (See MA timetables)

THIRD ACADEMIC YEAR (COAMFTE MA graduates)

Fall Semester – August-December

- Register for classes listed in your program plan.
- Students are expected to regularly seeing clients as they continue their academic development. Students must follow all relevant legal and ethical requirements to see clients.

Spring Semester – January-May

- Register for classes listed in your program plan.
- Students are expected to regularly seeing clients as they continue their academic development. Students must follow all relevant legal and ethical requirements to see clients.
- **Attend the mandatory dissertation orientation.** Students must provide a signed documentation attesting to their attendance and submit it to the Program Coordinator (PC).
- Identify dissertation chair and committee members.
- Sign and submit the signature page from the CFT Dissertation Guidelines to the PC stating you have read the manual.

Summer Semester – June-August

- Register for classes listed in your program plan.
- Students are expected to regularly seeing clients as they continue their academic development. Students must follow all relevant legal and ethical requirements to see clients.

FOURTH ACADEMIC YEAR (COAMFTE MA graduates)

Fall Semester – August-December

- Register for classes listed in your program plan.
- Students are expected to regularly seeing clients as they continue their academic development. Students must follow all relevant legal and ethical requirements to see clients.
- Register for dissertation with your dissertation chair and work on the literature review.
- **Prepare for MFT Doc Exam (attend the mandatory MFT Doc Exam orientation and apply for a Fall or Spring exam).** Students must provide a signed documentation attesting to their attendance and submit it to the PC.

Spring Semester – January-May

- Register for classes listed in your program plan.
- Register for dissertation and continue to work on the proposal.
- Students are expected to regularly seeing clients as they continue their academic development. Students must follow all relevant legal and ethical requirements to see clients.
- **Attend the mandatory MFT Doc Exam Orientation and apply for a Fall or Spring exam.** Students must provide a signed documentation attesting to their attendance and submit it to the PC.
- **Attend the Mandatory Internship Orientation.** Students must provide a signed documentation attesting to their attendance and submit it to the PC.
- Sign and submit the signature page from the CFT Internship Guidelines to the PC stating you have read the manual.

Summer Semester – June-August

- Register for classes listed in your program plan.
- Students are expected to regularly seeing clients as they continue their academic development. Students must follow all relevant legal and ethical requirements to see clients.

FIFTH ACADEMIC YEAR (COAMFTE MA graduates)

Fall Semester – August-December

- Register for classes listed in your program plan.
- Students are expected to regularly seeing clients as they continue their academic development. Students must follow all relevant legal and ethical requirements to see clients.
- Defend dissertation proposal and IRB.
- Collect data for dissertation.

- Start internship components.
- **Take the Doctoral Exam**

Spring Semester – January-May

- Register for classes listed in your program plan.
- Students are expected to regularly seeing clients as they continue their academic development. Students must follow all relevant legal and ethical requirements to see clients.
- Continue internship components.
- Oral Defense.
- Graduation!

Notes:
*The Registrar cannot post your degree unless you have completed an official audit of internship hours, professional development hours, and course credits.

*For the clinical option, credit for the internship course will not be given until all monthly hours forms; the Site Evaluation (completed by student) and Student Evaluation (completed by supervisor) are submitted to the CFT Clinical Training Office.

*These are procedural requirements only, and this list may not be all-inclusive. Maintain regular contact with the clinical training office, BBS, and the university to ensure all requirements are being met.

Pre-Doctoral Internship Policy

To prepare doctoral-level couple and family therapists to perform different professional functions competently in their future workplace, and to comply with COAMFTE accreditation requirements, Alliant CFT doctoral students are required to choose two components and have to complete their pre-degree internship in two semesters (minimum of 9 months). Students are required to:

- Register for **PSY93601 Internship Supervision** in both **Fall and Spring semesters**. <u>Students register only one time per semester for the course, but they are expected to work on **both** internship tracks/components **simultaneously** through Fall and Spring semesters until they have met the requirements for each track.</u>
- Choose **two internship components**, each comprising 50% of the total internship experience.
- Work with **no more than two core faculty supervisor**s, who will oversee the selected components.
-

All doctoral students must complete an internship as part of their doctoral training. The specific internship requirements vary depending on the student's prior academic background:

<u>Students with a Master's Degree from a COAMFTE-Accredited Program</u> *(NO CHANGES)*
Students entering the program with a master's degree from a COAMFTE-accredited program typically enter with foundational clinical training already completed. These students are required to:

- Students are required to choose two components to complete their pre-degree internship: clinical, teaching, scholarship, supervision, and policy and administration. Each of these options must account for 50% of the total internship. The combination of the options is to be a minimum of nine (9) months. Students need to discuss their internship options with their internship faculty supervisor.

*Students **Without** a Master's Degree from a COAMFTE-Accredited Program* *(NEW REQUIREMENT)*
Students who did not complete a COAMFTE-accredited master's program and are not yet licensed by the time they enroll in internship must meet specific clinical training requirements to ensure alignment with accreditation expectations. Please note that individual transfer credits and clinical hours will be evaluated upon admission, and requirements may vary slightly by student.

These students must:

- Complete the Clinical Internship Track as one of their two required internship tracks, typically during the third year.
  - The Clinical Internship Track consists of 250 clinical hours under the mentorship of core MFT faculty who are AAMFT Approved Supervisors.
  - Supervision includes weekly meetings during the internship period.
  - At least 50 of the 250 hours must be relational hours.
  - Students must present a minimum of 15 hours of raw relational case data (e.g., audio, video, or live supervision).
  - Choose their second track from any of the other five options: Teaching, Research, Administration & Policy, or Supervision.

Students who are not pursuing MFT licensure (e.g., already licensed in another mental health field or seeking licensure in a different discipline) must also complete the Clinical Internship Track to develop essential relational and systemic competencies aligned with the program's mission.

Note: These requirements support our mission to train students in relational and systemic thinking, regardless of intended career path.

A summary of these options is provided below:

1. **Clinical:** The purpose of the doctoral Clinical Internship Track is to assist students in developing an area of focus or specialization that will assist them in differentiating themselves as systemic therapists within a family systems approach. Students need to complete a minimum of 250 clinical hours, under AAMFT approved supervisor(s). A minimum of 50 of the 250 hours must be relational hours (couple, family, parent-child, polyamorous relationship, siblings, etc.). Students must also complete a minimum of 15 *relational* raw data hours with their faculty mentor. Raw data can include presenting video, audio, or live supervision. The objective of this option is that students will gain clinical hours required by the state licensure as well as improve their systemic clinical competency with a population of interest and application of a specific systemic theory. The clinical internship component has to be pre-approved by the campus Clinical Training Coordinator (CTC). Under special circumstances and with prior approval, students may request to work at two internship sites to gain clinical hours toward their degree. The process involves the following steps:

a. Find a clinical site (You can refer the Approved Practicum Site List on CFT Student Hub or you can find your own Internship site).
b. Contact your CTC to approve the site.
c. Give CTC a copy of the malpractice insurance certificate.
d. Give CTC proof of AAMFT membership.
e. Complete CFT Internship Placement Agreement Form.
f. After the CTC approves the clinical placement, complete the electronic CFT Internship Contract (Clinical).
g. Alliant hourly logs must be entered in Time2Track every month.
h. A copy of the *Permission to Tape and Present in Supervision and Training form* for the Clinical Track should be provided to faculty mentor at the beginning of the semester. This form is located in the student hub.

Students will receive internship credit once hours are completed and students have submitted a clinical specialization presentation to their faculty supervisor. Students must give an oral presentation that integrates their theoretical orientation (using one of the systemic therapies in the CFT field) with their own self-of-the-therapist theory of change (what they believe facilitates the change process with clients). Also, students will identify their preferred population of interest, discussing how they will apply their theoretical orientation to this group. The population of interest can be based upon any factor of identity. The population may be a marginalized ethnic or cultural group, clients that meet criteria for a particular diagnosis, or some other phenomenological experience. For example, students may decide that their preferred area of focus is Latinx Clients, LGBTQIA Couples, Clients who meet criteria for bipolar disorder and Schizoaffective Disorder, or Addressing intergenerational Issues of Acculturation in Immigrant Families, etc.

Student presentations should be approximately 30-45 minutes and should include the following components:

a. A discussion of the systemic theoretical orientation – what parts of the theory are most salient and least salient to the work that you do as a clinician? Which aspects of the model align the most with your own personal style and theory of change? Which aspects of the model do not align with your personal style and theory of change?
b. A discussion of your personal theory of change – what do you believe helps facilitate the change process? How does change happen? What makes this specific type of therapy (systemic theoretical orientation) successful with clients? Why does the theoretical orientation you chose fit well with your personal theory of change?
c. A discussion of your population of interest – why is this population one that you would like to specialize in working with? What are some of the clinical considerations important to be mindful of when working with this population? How will you obtain advanced experience and training that will qualify you to market yourself as "specializing" in this population? Are there certificates that you can obtain to better prepare you for working with this population? If not, what is your plan to ensure that you will continue to grow your competence in working with this specific population?
d. A discussion of how your systemic theoretical orientation can be applied to working with your population of interest – how do you adapt the model to work well with this

population given your own social location and the social locations of the clients in this population?

2. **Teaching:** This option is composed of a minimum of three (3) academic units of college level supervised independent teaching, or six (6) units of co-teaching experience at Master's level in Alliant CFT program. Each academic unit is 15 hours of class teaching time. Students are to receive at least one-hour supervision every week from their faculty supervisor. Alliant CFT programs will assist but not guarantee students to gain teaching experiences within Alliant CFT programs. Students are encouraged to seek teaching experiences independently. Students need to provide an adjunct teaching contract if the experience is to be gained in other teaching institutes. The outcome of this option is a teaching portfolio that should include: teaching contracts, syllabi, teaching philosophy paper, teaching material, and course evaluations. Students are responsible for obtaining any of the books or resources necessary to teach or co-teach their courses.

    a. Classes have to be college level or above (i.e., from community college to graduate school).
    b. Independent teaching includes conducting activities such as developing syllabus, teaching, evaluation, etc. as the course's sole instructor. Students have the option of teaching MFT Tech. Lab I & II for two semesters and receive 3 academic units of college level supervised independent teaching.
    c. Co-teaching: Students can co-teach a minimum of two masters' level content course of Alliant CFT program alongside a core faculty of Alliant CFT program. Co-teaching is limited to two students per course per semester.
    d. Please note that retroactive teaching experience will not count as internship experience.

3. **Scholarship:** Students can conduct at least one independent research project as the first author that can be done in one or two semesters. This independent project can be part of but not the entirety of a dissertation. The result of the project is to be disseminated by a conference presentation, journal submission with "revise and resubmit" review. Another option for this component is to collaborate with a faculty mentor on an existing research project. This existing research project must not coincide with your duties as outlined by federal work study. The doctoral student must be a significant contributor to the research project and will be listed as an author on the project if published.

4. **Supervision:** This component is for students to start the process of becoming an AAMFT Approved Supervisor via the "Doctoral Track." The outcome of this option is that students will meet at least half of the requirement of AAMFT Approved Supervisor designation, i.e., min 90 of 180 hours of supervising and 18 of 36 hours of mentoring in 9 of 18 months. Under this option, students:

    a. Should have taken PSY93200 Supervision in MFT I, the Fundamentals of Supervision, prior to the internship registration.
    b. Must register continuously for 9 months. Because summer semester is shorter, those doing the supervision track will typically start in the Fall and continue through the Spring. If a student starts in the Spring, the student will need to register in the Summer

and in the Fall, which means the student must be registered and pay for internship for all three semesters.

c. Must keep at least AAMFT student or pre-clinical fellow membership.
d. Must read and familiarize themselves with the requirements necessary to become a AAMFT Approved Supervisor via the Approved Supervisor Designation Standards and Responsibilities Handbook. The handbook is located via the AAMFT website.
e. Must have more clinical experience than those being supervised.
f. Students must bring in at least two hours of audio/video supervision per semester to review with the supervisor mentor.
g. The supervision must be in the practice of MFT (e.g., systemic/relational in nature).
h. Supervise minimum two (2) C\MFT trainees.
i. Out of the total 90 required hours of supervision, students must provide a minimum of at least 45 hours of supervision individually. The rest of the 45 hours can come from co-teaching a practicum course for 45 hours. Hours gained through co-teaching a practicum cannot exceed 45 hours.
j. Students must attend one-hour weekly meetings or two hours bi-weekly meetings with faculty mentor. Students must gain a minimum of 18 hours of with their faculty supervisor.
k. A final project is an updated philosophy of supervision paper based on the supervision experiences gained during the internship. The paper must also include a self-of-supervisor reflection component.
l. Doctoral Student Supervision Mentorship. Master's students can accrue professional development hours AND raw data. Verification of video supervision with CFT doctoral student should be submitted with dates and number of hours completed to date. Include your student ID number on the document.
    i. Professional development: For every 2 hours of direct student supervision mentorship, master's students can earn 1 hour of professional development. A maximum of 10 hours can be earned for professional development. Include your student ID number on the document.
    ii. Raw data: Master's students can earn 1 hour of raw data supervision for every hour of audio/video recording reviewed during doctoral student supervision mentorship (1:1) for a maximum of 10 hours. Doctoral students must be enrolled in a supervision course and/or enrolled in supervision internship for the doctoral program.
    iii. To clarify, the primary supervisor is still the supervisor on record and has final say regarding legal and ethical issues. Like the practicum classes, our doctoral students are asked to focus on theory development and expansion of self of the therapist issues that cloud the therapeutic relationship. They will offer an extra space to discuss and provide mentorship around these issues; however, with the therapist issues, they are not providing personal therapy. As they undertake training for their AAMFT supervision credential, they are also being mentored by an AAMFT supervisor through supervision of supervision.
    iv. Students should provide a supervision contract that follows AAMFT Approved Supervisor guidelines and is signed by the doctoral student supervisor, the supervisee, and the faculty supervisor mentor. This contract should highlight the nature of the relationship, state that the doctoral student is an AAMFT Approved Supervisor Candidate under the mentorship of the faculty supervisor

mentor, and clarify that the site supervisor is the supervisor of record who should be contacted in case of emergency or any legal/ethical issues.

5. **Policy and Administration:** This option is for students to develop leadership and management capacity. It may include writing and submission of an administration grant application, new program development; program evaluation; participating in policymaking, etc.
    a. Locations of this internship option include, but are not limited to, public mental health systems and non-profit mental health organizations.
    b. If the site employs the student, the student needs to be there at least 20 hours/week. The role is not to provide clinical services.
    c. Students should be involved in leadership and management tasks for this project. The internship site will inform the program of the roles/tasks that the student is to take and mutually decide on the project(s) that best fit the learning of the student and identify the on-site supervisor for this project.
    d. The outcome of this option is a portfolio that includes the report(s) of the project(s) and the description of the roles/functions.

    Core Activities May Include:
    a. Writing and submission of an administrative or research grant application, such as:
        i. HRSA (Health Resources and Services Administration) workforce development, training, or mental/behavioral health integration grants (e.g., Behavioral Health Workforce Education and Training, Primary Care Training and Enhancement).
        ii. NIH (National Institutes of Health) research grants, such as R03 (small research projects), R21 (exploratory/developmental), or R01 (large-scale research) proposals relevant to mental health and family systems.
        iii. SAMHSA (Substance Abuse and Mental Health Services Administration) program development or service expansion grants.
        iv. Federal or large state-level grants focused on improving access to care, integrated behavioral health, diversity pipeline development, or trauma-informed systems of care.
    b. Developing a new clinical or community program, including needs assessment, budgeting, staffing plan, and implementation timeline.
    c. Designing or conducting a program evaluation, including data collection, analysis, and reporting to funders or boards.
    d. Participating in policy analysis or policy-making processes within mental health organizations or state/county systems.
    e. Contributing to the submission of a research grant proposal in collaboration with faculty, supervisors, or agency partners.
    f. Supporting the agency in obtaining regional, national, or international accreditation, licensure, or certification.

The Process to Choose Your Internship Components

1. **Assess your strengths, your career goals and employment outlook**. If you are not licensed yet, you may want to choose clinical internship as your first choice. If you are licensed already, you may want to choose two (2) other components to gain different experiences to broaden your

career opportunities, e.g., if you are good at research and you aspire to be in higher education, you are encouraged to choose teaching and research. If you want to be a director of a program or agency and want to be an AAMFT approved supervisor, you are encouraged to choose Supervision and Policy and Administration components. You do not have to do this assessment alone. Consult with your peers and colleagues, especially your faculty mentor.

2. **Seek internship venues**: you need to secure the internship sites where you can do the internship components of your choice. Students must have chosen supervisor(s) by the end of Spring semester. You need to have an agency approved for your clinical component. If you want to do teaching, approach the instructor (must be core faculty) and your Branch Director to see if there are teaching opportunities in the program. We do our best to provide teaching experiences in the program, but we may not be able to provide them for everyone. You are encouraged to look into other teaching institute for such opportunities. If you want to do research internship, you need to have a core faculty supervisor who is willing to work with you and provide guidance on your research project.
3. **Getting approval** from your Branch Director: You need to complete the electronic *CFT Internship Contract*, provide evidence of internship venues, and get the final signature/approval from your Branch Director. As a reminder, if choosing the clinical component, students must gain pre-approval from the CTC prior to getting Branch Director approval. Once the contract is signed, any changes require an academic exception which must be approved by the faculty internship supervisor, the Branch Director, and the Systemwide Directors team. All forms should be submitted through Adobe Sign and are located on the CFT Student Hub. Please see your PC or Academic Advisor if you need help initiating forms.
4. **Verify the completion** of your internship: at the completion of your internship, you will complete the Alliant *CFT Internship Completion Verification Form*, obtain all the needed signatures, and submit it to the Program Coordinator on your campus.

Time2Track: Alliant CFT Monthly Clinical Hours Report and Clinical Training Activities

Alliant CFT monthly Internship hour logs for the clinical and supervision tracks are logged in our online platform, Time2Track. Students will receive a Time2Track account prior to the start of Internship for logging clinical hours, supervision hours, collecting signatures from supervisors, and Internship Supervisor (clinical & supervision tracks).

Finding Forms

As is the case at any university, there are many forms you will need to fill out during the course of your graduate training. To find forms, go through the following steps:

All forms are available online on the CFT Student Hub. If you cannot find the form,

1. **San Diego:** Check with Briana Champagne, briana.champagne@alliant.edu
2. **Irvine:** Check with Maria Parada Marin, maria.paradamarin@alliant.edu
3. **Los Angeles:** Check with Zantika Ellis, zantika.ellis@alliant.edu; 949-8127443
4. **Sacramento:** Check with Binayak (Benny) Joshi, binayak.joshi@alliant.edu

5. **Online MA:** Check with Jenna Cruz, jcruz4@alliant.edu or Doris Rubio, doris.rubio@alliant.edu
6. **Online Doctoral:** Check with Sabrina Steiner, sabrina.steiner@alliant.edu

Professional Organizations

All students are **required** to become student members of AAMFT, and encouraged to join CAMFT, IFTA, APA, NCFR, etc. These professional organizations connect students with important developments in the field and provide numerous opportunities for networking within the profession. Students typically pay low membership fees and have opportunities to work at conferences in exchange for a reduction in the conference registration. Application forms are available in the CFT program office and at http://www.aamft.org and http://www.camft.org. Additional professional organizations are listed later in this section.

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AAMFT Code of Ethics

Effective January 1, 2015

PREAMBLE

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

Honoring Public Trust

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee.

Commitment to Service, Advocacy and Public Participation

Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and to the well-being of clients and their communities.

Seeking Consultation

The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Ethical Decision-Making

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the

AAMFT Code of Ethics and take reasonable steps to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

Binding Expectations

The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

Resolving Complaints

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current AAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the member attempted to resign during the investigation.

Aspirational Core Values

The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which marriage and family therapists engage. These core values are aspirational in nature, and are distinct from ethical standards. These values are intended to provide an aspirational framework within which marriage and family therapists may pursue the highest goals of practice.

The core values of AAMFT embody:

1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity and excellence in clinical practice, research, education and administration.
5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards

Ethical standards, by contrast, are rules of practice upon which the marriage and family therapist is obliged and judged. The introductory paragraph to each standard in the AAMFT Code of Ethics is an aspirational/explanatory orientation to the enforceable standards that follow.

STANDARD I

RESPONSIBILITY TO CLIENTS

Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

1.1 Non-Discrimination.
Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.

1.2 Informed Consent.
Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented.

1.3 Multiple Relationships.
Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.

1.4 Sexual Intimacy with Current Clients and Others.
Sexual intimacy with current clients or with known members of the client's family system is prohibited.

1.5 Sexual Intimacy with Former Clients and Others.
Sexual intimacy with former clients or with known members of the client's family system is prohibited.

1.6 Reports of Unethical Conduct.
Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7 Abuse of the Therapeutic Relationship.
Marriage and family therapists do not abuse their power in therapeutic relationships.

1.8 Client Autonomy in Decision Making.
Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Relationship Beneficial to Client.
Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Referrals.
Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help.

1.11 Non-Abandonment.
Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.

1.12 Written Consent to Record.
Marriage and family therapists obtain written informed consent from clients before recording any images or audio or permitting third-party observation.

1.13 Relationships with Third Parties.
Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

STANDARD II
CONFIDENTIALITY
Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Disclosing Limits of Confidentiality.
Marriage and family therapists disclose to clients and other interested parties at the outset of services the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information.
Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

2.3 Client Access to Records.
Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client's access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all of the record should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

2.4 Confidentiality in Non-Clinical Activities.
Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Standard 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.5 Protection of Records.
Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.6 Preparation for Practice Changes.
In preparation for moving a practice, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

2.7 Confidentiality in Consultations.
Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

STANDARD III
PROFESSIONAL COMPETENCE AND INTEGRITY
Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Maintenance of Competency.
Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.

3.2 Knowledge of Regulatory Standards.
Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.3.3 Seek Assistance. Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.

3.4 Conflicts of Interest.
Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Maintenance of Records.
Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

3.6 Development of New Skills.
While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists

practice in specialty areas new to them only after appropriate education, training, and/or supervised experience.

3.7 Harassment.
Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.8 Exploitation.
Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Gifts.
Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and on the integrity and efficacy of the therapeutic relationship.

3.10 Scope of Competence.
Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.11 Public Statements.
Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.12 Professional Misconduct.
Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

STANDARD IV
RESPONSIBILITY TO STUDENTS AND SUPERVISEES
Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Exploitation.
Marriage and family therapists who are in a supervisory role are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Therapy with Students or Supervisees.
Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees.
Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.

4.4 Oversight of Supervisee Competence.
Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Oversight of Supervisee Professionalism.
Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Existing Relationship with Students or Supervisees.
Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

4.7 Confidentiality with Supervisees.
Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

4.8 Payment for Supervision.
Marriage and family therapists providing clinical supervision shall not enter into financial arrangements with supervisees through deceptive or exploitative practices, nor shall marriage and family therapists providing clinical supervision exert undue influence over supervisees when establishing supervision fees. Marriage and family therapists shall also not engage in other exploitative practices of supervisees.

STANDARD V
RESEARCH AND PUBLICATION
Marriage and family therapists respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.

5.1 Institutional Approval.
When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval prior to conducting the research.

5.2 Protection of Research Participants.
Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5. 3 Informed Consent to Research.
Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

5.4 Right to Decline or Withdraw Participation.
Marriage and family therapists respect each participant’s freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation. When offering inducements for research participation, marriage and family therapists make reasonable efforts to avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

5.5 Confidentiality of Research Data.
Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

5.6 Publication.
Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed.
Publication credits accurately reflect the relative contributions of the individual involved.

5.7 Authorship of Student Work.
Marriage and family therapists do not accept or require authorship credit for a publication based from student’s research, unless the marriage and family therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on student research should be determined in accordance with principles of fairness and justice.

5.8 Plagiarism.
Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

5.9 Accuracy in Publication.
Marriage and family therapists who are authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the published materials are accurate and factual.

STANDARD VI
TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES
Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

6.1 Technology Assisted Services.
Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

6.2 Consent to Treat or Supervise.
Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology-assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist's and clients'/supervisees' responsibilities for minimizing such risks.

6.3 Confidentiality and Professional Responsibilities.
It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.4 Technology and Documentation.
Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.5 Location of Services and Practice.
Therapists and supervisors follow all applicable laws regarding location of practice and services, and do not use technologically-assisted means for practicing outside of their allowed jurisdictions.

6.6 Training and Use of Current Technology.
Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made in order to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current so as to best serve the professional needs of clients and supervisee

STANDARD VII
PROFESSIONAL EVALUATIONS
Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services.
Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

7.2 Testimony in Legal Proceedings.
Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

7.3 Competence.
Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.

7.4 Informed Consent.
Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

7.5 Avoiding Conflicts.
Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

7.6 Avoiding Dual Roles.
Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.

7.7 Separation of Custody Evaluation from Therapy.
Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional

performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions.
Marriage and family therapists who provide forensic evaluations avoid offering professional opinions about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service.
Clients are informed if changes in the role of provision of services of marriage and family therapy occur and/or are mandated by a legal system.

7.10 Familiarity with Rules.
Marriage and family therapists who provide forensic evaluations are familiar with judicial and/or administrative rules prescribing their roles.

STANDARD VIII
FINANCIAL ARRANGEMENTS
Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

8.1 Financial Integrity.
Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals. Fee-for-service arrangements are not prohibited.

8.2 Disclosure of Financial Policies.
Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

8.3 Notice of Payment Recovery Procedures.
Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

8.4 Truthful Representation of Services.
Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

8.5 Bartering.
Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

8.6 Withholding Records for Non-Payment.
Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.

STANDARD IX
ADVERTISING
Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

9.1 Accurate Professional Representation.
Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in accordance with applicable law.

9.2 Promotional Materials.
Marriage and family therapists ensure that advertisements and publications in any media are true, accurate, and in accordance with applicable law.

9.3 Professional Affiliations.
Marriage and family therapists do not hold themselves out as being partners or associates of a firm if they are not.

9.4 Professional Identification.
Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials.
Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

9.6 Employee or Supervisee Qualifications.
Marriage and family therapists make certain that the qualifications of their employees and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.

9.7 Specialization.
Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

9.8 Correction of Misinformation.
Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or prod

CFT Doctoral Internship Signature Page & Manual Quiz

I ____ have read and understand the CFT Internship Guidelines 2025-26. I also understand that I am responsible for obtaining and reading all information I need to abide by. I verify that I have read the guidelines by answering the following quiz questions:

1. How many internship components must a student choose?
   a. 3
   b. 4
   c. 1
   d. 2
2. What are the pre-requisites for starting the Internship?
   a. Complete all your doctoral core classes
   b. Pass your written and oral portion of your Doctoral Exam
   c. Pass your Dissertation Proposal
   d. All of the above
3. How long do you have to complete your internship components?
   a. 2 semesters
   b. 4 semesters
   c. 3 semesters
   d. 1 semester
4. The clinical Internship component is **typically recommended** for students who:
   a. are licensed and are established in their practice.
   b. have completed their hours towards licensure and are sitting for their clinical exam.
   c. are working towards their licensure and like to develop an area of specialization.
   d. Want to start working towards another type of mental health licensure.
5. If a student wishes to complete the teaching internship, at what level must their independent teaching be conducted?
   a. Highschool Level and above
   b. College Level and above
   c. Must be a CEU
   d. Any Level
6. Which of the following is **FALSE** about the required teaching experience for the Teaching Internship:
   a. Independently teach a minimum of 3 academic units at college level
   b. Co-teach a minimum of 6 academic units at Alliant MA CFT program.
   c. Each academic unit is 15 hours of class teaching time.
   d. You can retroactively count past teaching experience for your Teaching Internship.

7. What is the minimum number of independent research projects a student is responsible for if they pursue the scholarship internship component?
    a. 1
    b. 4
    c. 2
    d. 3
8. Which of the following is TRUE about Research Internship track?
    a. Your research cannot be a part of your dissertation.
    b. Your research project needs to be published in a peer-reviewed journal.
    c. You can work as a Federal Work Study with a faculty member on their existing research project.
    d. You must be a significant contributor to the research project when working in collaboration with a faculty member.
9. What class must be taken prior to enrolling in the supervision internship component?
    a. MFT Supervision in MFT I: Fundamentals of Supervision
    b. Practicum
    c. Advanced Clinical Practice
    d. Advanced Family Therapy I
10. Which of the following is **NOT TRUE** regarding the Supervision Internship Track?
    a. You must be registered continuously for 9 months during Fall & Spring semesters to complete this component.
    b. Must maintain AAMFT student, pre-clinical or clinical membership.
    c. You must supervise a minimum of 2 supervisees over the period of 9 months.
    d. You can gain your 90 hours by co-teaching two practicums.
11. Which of the following is MOST ACCURATE about supervising Master's students.
    a. Master's students can gain 20 raw data hours and 20 Professional development hours.
    b. Master's students can gain 10 raw data hours and 20 Professional development hours.
    c. Master's students can gain 10 raw data hours and 10 Professional development hours.
    d. Master's students can gain 10 raw data hours (1 hour of raw data supervision = 1 hour of raw data hour) and 10 Professional development hours (2 hours of supervision = 1 hour of professional development hour).
12. For the Policy and Administration Internship students need to be:
    a. employed at a non-profit organization.
    b. employed at a CTC approved site for at least 20-hours/week and be involved in management/leadership tasks.
    c. supervised only by a faculty internship supervisor and don't need a site supervisor.
    d. working on a grant application to fund a site program.

Student Signature: ____ Date: _______________________

Note: Submit signature page to your local Program Coordinator.