



Department of Psychology & Mental Health Counseling
861 Bedford Road, Pleasantville, New York 10570

**Master of Science in Mental Health Counseling
Field Placement Fieldwork Site Supervisor and Course
Instructor Training Verification**

Supervisor Name (Print): _____

Supervisor Title: _____

Supervisor's Certification(s)/License(s): _____

Name of Clinical/Academic Setting: _____

Address of Setting: _____

Contact Phone: _____ Email: _____

Please sign and return this agreement to Alondra Castro, Field Placement Coordinator, via [email at acastro@pace.edu](mailto:acastro@pace.edu) to verify that you have received and reviewed the "CACREP Field Placement Practicum and Internship Handbook", as well as the "Field Placement Fieldwork Site Supervisor and Course Instructor Training."

Supervisor's Signature: _____ Date: _____

