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

PhD in Mental Health Counseling
Field Placement Site Supervisor Training Verification

Site Supervisor training in supervision is a requirement of our CACREP Accreditation

Supervisor Name (Print): _____

Supervisor Title: _____

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

Name of Clinical Setting: _____

Address of Setting: _____

Contact Phone: _____ Email: _____

Please sign and return this agreement to Michael Tursi, PhD, LMHC, PhD Field Placement Internship Coordinator, via email at mtursi@pace.edu to verify that you have received and reviewed the "CACREP Field Placement Practicum and Internship Handbook", as well as the "Field Placement Site Supervisor Training."

Supervisor's Signature: _____Date: _____