



**Practicum Name:**

**Practicum Office:**

**Supervisor Name:**

**Supervisor Contact Information:**

**Duties and Responsibilities:**

**How many hours can a student receive?**

**Primary Competency** (\*competencies listed in the Practicum Syllabus HEAM 599 and in the Practicum Handbook):

**Secondary Competency** (\*competencies listed in the Practicum Syllabus HEAM 599 and in the Practicum Handbook):

Once completed email to CSP Program Coordinator (Dorian McCoy) at [dmccoy5@utk.edu](mailto:dmccoy5@utk.edu)