

Student Acknowledgement Policy and Confidentiality

Students are required to sign the Student Acknowledgement Form as part of the first course, acknowledging that they have read, understood, and have agreed to abide by all Student Acknowledgement and Confidentiality Policies required by the Program and they have reviewed this program handbook. Students are informed acknowledgement of potential differences in MFT licensure requirements across state/provincial regulatory bodies. Before a student begins the program of study, the student acknowledges, in writing, that they were provided information that licensing regulations may differ across states and provinces. Students are received the acknowledgment policy and form demonstrating information about portability of the degree.

MFT Training at Daybreak University can be both personally and professionally challenging. Students seek to acquire the knowledge and develop the practical skills needed to be successful as a systemically trained mental health professional. In this process, students are expected to engage in a high level of self-reflection, personal application, and self-disclosure. As a general rule, students should only share what they are comfortable sharing about themselves. Faculty, staff and supervisors are expected to handle student disclosures with respect and will only share information with other Daybreak University MFT faculty, Daybreak University administrators, clinical supervisors, staff, or student employers for the purpose of assisting in the student's development as a clinician. In addition, faculty and local clinical supervisors work collaboratively for the benefit of the students and the MFT program. Therefore, the faculty, supervisors, and staff may discuss and disclose information concerning performance as a student and as a therapist-in-training. This information, including information a student may share in courses or in supervision, will only be disclosed to other clinical faculty, supervisors, and staff as needed (deemed pertinent for students' and/or the MFT program's benefit by faculty, supervisors, and staff). No information will be shared outside of those listed above without consent of the student or without prior notification to the student of the disclosure, except in cases of emergency or litigation.

Student Acknowledgement Form

Instructions

To complete the form simply read each statement and then sign the form according to the instructions provided.

1. I agree to abide by all University requirements as outlined in the current Daybreak University Handbook and as updated throughout my time at Daybreak.
2. I understand that I must take full responsibility for ensuring that my degree program at Daybreak meets the licensing requirements of my local state and/or country licensing board (where applicable). I am required to sign the Student Acknowledgement Form as part of the first course, acknowledging that I have read, understood, and have agreed to abide by all Student Acknowledgement and Confidentiality Policies required by the Program and I have reviewed this program handbook. I am informed acknowledgement of potential differences in MFT licensure requirements across state/provincial regulatory bodies. Before I begin the program of study, I acknowledge, in writing, that I were provided information that licensing

regulations may differ across states and provinces. I have received the acknowledgment policy and form demonstrating information about portability of the degree.

3. I have read and understand the program policy statement that if I have been convicted of a felony or misdemeanor prior to or subsequent to admission into the MFT program, I am required to immediately inform the Program Director of the MFT Program. I understand that such conviction may result in my dismissal from the program.

4. I understand that if I am diagnosed, treated, or admitted to a hospital or other facility for the treatment of any psychotic disorder (e.g. bipolar disorder, schizophrenia, paranoia, etc.); suicide attempt(s); substance abuse; or the illegal use of any controlled substance, habit-forming drug or prescription medication I am required to immediately inform the Program Director as this may interfere with my ability to competently and safely perform the essential functions of the MFT profession. I further understand that if this occurs, I will be required to provide a letter from my treating physician or licensed mental health professional indicating I am compliant with treatment and currently able to practice safely and competently.

5. I understand that a minimum cumulative GPA of 3.0 must be maintained throughout the program and is required for graduation. I understand that I must earn a passing grade in not less than 66.6% of total credit hours attempted, and I must complete this program within the maximum years of the program.

6. I understand that I will be provided with information about the Practicum Preparation Process (PPP) after I have successfully completed three courses. I understand I am expected to complete the entire PPP within the expected time limit (by the end of my sixth course).

7. I understand that in the MFT program I will be evaluated, through the PPP, to determine my clinical readiness to work with clients after I have successfully completed a minimum of the first six courses and before I can enroll in my first practicum course.

8. I understand that I may be placed on probation or other corrective actions by the University or administrative MFT faculty for unsatisfactory academic progress or for unsatisfactory performance in other training domains, including, but not limited to, PPP elements, practicum placements, internship placements, professional or ethical violations or concerns. If I am placed on probation, I understand that a remediation plan will be developed which I am expected to follow; completing all required elements of the plan.

9. I understand that if I violate the University's student Code of Conduct and/or Academic Integrity policy I may be subject to immediate administrative dismissal, and would not qualify for readmission to Daybreak University.

10. I understand that as a student in this program and as a student therapist I am required to conduct myself in accordance with the most current edition of the AAMFT Code of Ethics.

11. I understand it is my responsibility to secure an appropriate clinical training site and qualified local supervisor (AAMFT Approved Supervisor or State-Approved supervisor) as outlined in the Program and Clinical Training Handbooks. As indicated in my application and in this acknowledgement form, I understand that failure to find a qualified site or supervisor will make completion of the program impossible.

12. I understand I am responsible for keeping an accurate record of all of my client contact and supervision hours for review by my local supervisor(s), the Daybreak MFT faculty, and for the purpose of applying to state (or other) licensing boards.

13. I understand that in order to complete some of the course requirements, including the online supervision process used during the practicum courses, I will be required to participate in periodic (weekly during clinical training) online video conferencing meetings throughout my time in the program. In addition, I

understand I am required to record some of my therapy sessions with clients (using a digital video camera) to share during online supervision sessions, as well as have all of my clients sign a standard informed consent document that discloses the video recording of sessions and requests permission for recording, transmission, and supervision of the sessions with the Daybreak MFT Faculty. I understand that the MFT faculty must approve any exceptions to this requirement.

14. I understand that I am required to complete 500 hours of direct client contact (at least 250 of these hours must be relational - working with couples, parents and children together, or whole families together), and 100 hours of approved supervision (at least 51 of these hours must be individual supervision, and at least 50 of these hours must include direct observation - either live or via video recording) received at the local site(s). I also understand that I am expected to review the relevant Program Handbook and Clinical Training Handbook for detailed information regarding these requirements.

15. I understand I am required to maintain weekly supervision at my local site and that I must participate in Daybreak faculty group supervision each week while I am actively seeing clients, or more frequently if required by my state rules and regulations or by my Daybreak Clinical Faculty.

16. I understand that prior to beginning any clinical experience, I am required to submit proof of professional liability insurance

17. I have read and agree to abide by the Confidentiality Statement in the Program Handbook and Clinical Handbook.

18. I understand that faculty and on-site supervisors work collaboratively for the benefit of the students and the MFT program. Therefore, I understand that the MFT faculty, supervisors, and staff may discuss and disclose information concerning my performance as a student and as a therapist-in-training. This information, including information that I may share in courses or in supervision, will only be disclosed to other MFT clinical faculty, supervisors, and staff as needed (deemed pertinent for my personal and/or the MFT program's benefit by faculty, supervisors, and staff), except where otherwise outlined in the Program or Clinical Handbooks.

19. I have read the Marriage and Family Therapy (MFT) Program Handbook relevant to my program and understand all of the information contained therein. I have been given an opportunity to ask questions about the Handbook and understand that if I have concerns about it or the contents of it, I may speak with the Program Director before signing this statement. Furthermore, I agree with the information provided in the MFT Program Handbook and agree to abide by the conditions stated therein.

20. I have reviewed the MFT Program's mission, goals and student learning outcomes in the Program Handbook and understand that I may directly contact the Program Director (jinkim@daybreak.edu) with any questions or feedback that I have.

If you have questions about any of these items, please discuss them with your current professor or request to meet with MFT Program Director (jinkim@daybreak.edu).



DAYBREAK UNIVERSITY

Student Acknowledgement Form

This is to inform everyone seeking a Masters or Doctoral program in Counseling with a Specialization in Marriage and Family Therapy (MFT) at Daybreak University. There are potentially differences in MFT licensure requirements across state/provincial regulatory bodies. MFT is held to strict licensure requirements, which include at least a Master's level of education as well as supervised clinical practicum hours. Licensure requirements vary by state to protect their residents in the states therefore each state has different requirements, regulations, and licensure exams.

Before I begin the MFT program at Daybreak University, I was given a copy of Daybreak University's MFT Student Handbook with information about school's policies as well as the potential differences in MFT licensure requirements across states.

Signature Instructions: To sign this Student Acknowledgement Form you must type your name and your Student ID number. As part of your digital signature, you must provide the e-mail address you have on file at Daybreak University to help us confirm your identity.

Student's Name (First and Last): *

Student ID Number: *

Student's E-mail (Daybreak issued email): *

Please verify that you have read each statement. *

Signature: _____ *

Date (MM/DD/YYYY): *