



**WILLIAM JAMES
COLLEGE**

Counseling and Behavioral Health Department Master of Arts in Clinical Mental Health Counseling (CMHC) Field Education Handbook Form

The **Counseling and Behavioral Health Department, Master of Arts in Clinical Mental Health Counseling (CMHC) Field Education Handbook** provides important program policies and procedures.

I acknowledge that I have been provided with the document listed above in electronic form on the WJC website and that I have familiarized myself with its contents.

I recognize that the information, policies, and procedures described in the Handbook are subject to change, and that revisions to these Policies may supersede, modify, or eliminate existing policies. I acknowledge that the Counseling and Behavioral Health Department and/or Field Education Department will communicate any such changes through official notices, but the effectiveness of such changes is not contingent on the department giving such notice or my receiving it.

Furthermore, I acknowledge that I have received in electronic form and read this. By signing this form, I accept that I am responsible for the information in the Counseling and Behavioral Health Department Master of Arts in Clinical Mental Health Counseling (CMHC) Field Education Handbook.

I, _____ (student's name) have received and read the Master of Arts in Clinical Mental Health Counseling (CMHC) Field Education Handbook.

STUDENT'S SIGNATURE: _____

DATE: _____