CNL 8640
GRADUATE PRACTICUM MANUAL

Business and Organizational Management Counseling

Wright State University
College of Education and Human Services
Department of Human Services
108 Allyn Hall
3640 Colonel Glenn Highway
Dayton, Ohio 45435
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Prepared by:
Dr. Eileen Self

Revised Spring 2014
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Revised Spring 2014
INTRODUCTION

The counseling program and faculty are an integral part of the College of Education and Human Services. The staff attempts to produce graduates who have basic interviewing and training skills to work in business and organizations with emphasis in such areas as human resources, consultation, and development. Coursework and training in group dynamics, leadership, assessment and referral, communication skills, and organizational climate assist students in providing services on general developmental issues of employees and organizations.

Because people are the most vital resource in a business/organizational structure, there is a need for preparing professionals to provide human service programs. This program educates and trains persons to provide these services in such areas as stress management, career development, decision making, professional development, time management, supervisory skills, assertion, and retirement. This degree brings together information and skills offered by the counseling faculty in the Department of Human Services in the College of Education and Human Services, the Management Department in the College of Business, and human services and counseling professionals working with organizations.

This manual has been developed in order to provide a better liaison between Wright State University's Counselor Education Program and the various settings who voluntarily accept practicum students. Students working on a master's degree in Business and Organizational Management Counseling are required to complete a three (3) credit hour practicum (CNL 8640). This practicum provides an experience in counseling/human services in which the student, under supervision, is involved in the provision of direct services (e.g., consultation, training) to individuals/groups in educational, vocational, and/or personal areas. In this context, students are given opportunities to select one or more skill areas in human services. Therefore, this practicum manual has been developed in order to communicate more explicitly the procedures and requirements relative to practicum. The manual contains a: (1) practicum application; (2) Contract/Memo of Understanding; (3) Site Supervisor Information form; (4) Practicum Site Information form; (5) Evaluation of Student form; (6) Student Placement Evaluation form; (7) Time Log; and (8) Goal Attainment Form.

PREREQUISITE EXPERIENCES

Practicum students are required to be in good standing in the College of Education and Human Services and maintain a grade point average of 3.0 or higher. Students normally enter the practicum with a common core of academic experiences. Practicum students will have completed prerequisite courses related to the basic principles and procedures utilized by helping professionals (See the Student Program of Study). Students are required to have completed prerequisite courses with a grade of "B" or better.

Specifically, students will have completed CNL 6010 (RHB 701), CNL 6020* (CNL 863), CNL 6030 (EDL 751), CNL 7290 (CNL 973), and CNL 7280 (CNL 972) plus one additional course for a minimum of 18
hours of the required courses in the Business and Organizational Management Counseling program. In addition, a Student Program of Study must be on file in the Department of Human Services Office before application for practicum is filed. The student must contact his/her adviser in order to complete the program of study.

Some practicum students have prior experience in the helping or business professions and can be expected to begin their practicum with a much higher level of proficiency than the average beginning student. Due to the inherent time limitations of the academic term, however, all students should begin the practicum experiences the first week of classes.

*CNL 6020 Techniques of Counseling must be completed no earlier than two (2) terms prior to the beginning of practicum.

COURSE OBJECTIVES

Course objectives cannot be analyzed and understood individually and separately without considering the total picture. Practicum focus must be on the interaction between the student and the practicum site. The practicum supervisor must consider and evaluate the student's behavior both as it is emitted and as it responds to the stimuli generated by the situation. Each objective is not intended to imply equal weight and value. Timing, appropriateness, consistency, quality, effectiveness, content, etc. are all taken into account by the observer.

In addition to the competencies described for CNL 6020 and upon completion of CNL 8640, the student is expected to:

1. Demonstrate effective professional relationship behaviors with employees (clientele) and supervisor.
2. Demonstrate the ability to integrate feedback.
3. Display an ability to adapt to changing circumstances.
4. Exercise initiative and self-direction.
5. Accept and assume responsibilities of the practicum site.
6. Function cooperatively within the organizational structure.
7. Demonstrate increased knowledge and skills related to practicum site.
8. Create and implement given tasks as specified by individual contract.
9. Demonstrate an ability to develop a consultation model appropriate to the practicum site.
10. Conceptualize multicultural/pluralistic factors which might influence clientele and professionals.
11. Adhere to standards of ethical and professional conduct in relationship to clientele, practicum site, and other professionals.
* Specific objectives / activities should be developed for each site as noted in the summary of practicum experiences section on approved contract.
BUSINESS AND ORGANIZATIONAL MANAGEMENT COUNSELING  
Major #265

PROFESSIONAL REQUIREMENTS

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<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Hours</th>
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<tbody>
<tr>
<td>CNL 6010</td>
<td>Counseling Theory and Practice</td>
<td>3</td>
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<tr>
<td>CNL 6020</td>
<td>Techniques of Counseling</td>
<td>3</td>
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<tr>
<td>CNL 6030</td>
<td>Statistics, Research and Program Evaluation for Counseling</td>
<td>3</td>
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<td>CNL 6220</td>
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<td>CNL 7230</td>
<td>Assessment and Evaluation in Counseling</td>
<td>3</td>
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<tr>
<td>CNL 7240</td>
<td>Career Counseling and Development</td>
<td>3</td>
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<tr>
<td>CNL 7270</td>
<td>Counseling for Life Span Development</td>
<td>3</td>
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<tr>
<td>CNL 7280</td>
<td>Professional Orientation, Ethical Standards, and Legal Issues in Counseling</td>
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<tr>
<td>MBA 7500</td>
<td>Leadership and Ethics</td>
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<tr>
<td>MGT 7060</td>
<td>Organizational Development and Change</td>
<td>3</td>
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<tr>
<td>MGT 7660</td>
<td>Managing for Creativity and Innovation</td>
<td>3</td>
</tr>
<tr>
<td>CNL 7290</td>
<td>Multicultural Counseling</td>
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<tr>
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TOTAL HOURS ...........................................................................................................39 hours

Exit Requirement:..........................................................A written comprehensive examination
Portfolio Requirement
Business and Organizational Management Counseling

All Business and Organizational Management Counseling students are required to submit artifacts that will be used to make up their academic portfolio. These artifacts represent the six strands of the College of Education and Human Services Conceptual Framework. The strands of the Conceptual Framework include:

1. Pedagogical Content Knowledge
2. Technology
3. Emotional Intelligence
4. Professionalism
5. Diversity
6. Content Knowledge

Components of the Conceptual Framework

Content Knowledge (Strand 1)
*Counselor Education candidates are knowledgeable in their chosen fields.*

This strand represents our commitment to assuring professional counselors are knowledgeable in their chosen fields and can impart this knowledge to help all clients learn, achieve goals, or change behaviors. This knowledge is not limited to known and existing information, but includes the ability to generate and understand innovations in the field, and the possession of the skills and dispositions necessary to remain current in the field. Content Knowledge includes a broad general foundation in the arts and sciences, as well as a depth of knowledge appropriate for each level of expertise in a specific field. Content Knowledge is essential for critical thinking and problem solving in a professional role. Content Knowledge interweaves with the other five strands in the Conceptual Framework to develop the art and science of counseling. Content Knowledge is necessary to make appropriate clinical decisions based upon one’s knowledge of diverse groups, of technological applications to support learning, of emotional intelligence to establish rapport and communicate effectively, and of the qualities and dispositions of a professional counselor.

Pedagogical Content Knowledge (Strand 2) *Counselor candidates demonstrate appropriate pedagogical content knowledge to help all clients achieve their stated goals.*

This strand represents our commitment to assuring professional counselors are knowledgeable and able to integrate knowledge of human development, behavior and learning, counseling theories and techniques, and content-appropriate strategies to provide effective intervention and assessment for all clients. Pedagogical Content Knowledge is the ability to contextualize clinical practice based upon knowledge of how people learn/change in a particular content area and how that learning or change can best be facilitated. Professional counselors should be able to demonstrate pedagogical content knowledge by anticipating and recognizing common misconceptions, typical misunderstandings, and developmentally appropriate responses to instruction and assessment for the content area.

Pedagogical Content Knowledge interweaves with the other five strands in the Conceptual Framework to develop the art and science of counseling. Pedagogical Content Knowledge is
necessary to make appropriate pedagogical decisions based upon complex interconnections with the other strands. Pedagogical Content Knowledge interacts with pedagogical knowledge to develop content appropriate intervention and assessment in the context of understanding the diversity of clients' backgrounds, experiences, motivations, goals, abilities and interests. Other interactions include the potential for technology to broaden the scope of readily accessible knowledge and enhance instruction, behavior change, the impact of emotional intelligence on knowledge acquisition, and the professional qualities and dispositions of the counselor.

**Diversity (Strand 3)** *Counselor candidates are knowledgeable, competent, and sensitive in working with diverse populations and in diverse settings.*

This strand represents our commitment to assuring counselors are knowledgeable, competent, and sensitive in working with diverse populations and in diverse settings. This strand includes valuing diversity as socially and culturally beneficial, appreciating the contributions of diverse populations, understanding how to adapt personal responses and professional practices in different contexts, and supporting equitable access and outcomes for all populations.

Diversity interweaves with the other five strands in the Conceptual Framework to develop the art and science of counseling. Diversity is an important component in framing content knowledge, delivering services to meet individual, family and community needs, making pedagogical decisions and applying technology to facilitate learning/change. Diversity is fused with the development of Emotional Intelligence and Professionalism to facilitate sensitive, respectful and effective communication in all settings.

**Technology (Strand 4)** *Counselor candidates apply appropriate technology to add value to the counseling process.*

The technology strand represents the program's commitment to assuring counselors are knowledgeable and able to make thoughtful, appropriate applications of technology to add value to the counseling process, to determine the essential conditions for effective use, and to understand its powerful role in shaping individual lives and society.

Technology interweaves with the other five strands in the Conceptual Framework to develop the art and science of counseling. Technology is an important component in making appropriate content and pedagogy decisions related to appropriate assessment and intervention, research requirements, and information technology literacy requirements. Technology can support the application of emotional intelligence to enhance client outcomes for diverse populations through innovative options for intervention and assessment. Technology can also support professionalism by facilitating productivity, planning, and clinical and administrative functions.

**Professionalism (Strand 5)** *Counselor candidates understand and demonstrate the qualities and dispositions of professionals.*

This strand represents our commitment to assuring counselors and candidates demonstrate the qualities and dispositions of professionals. Professionalism is demonstrated through communication and collaboration skills evidenced in interactions with other professionals, community members, clients, and families. Team building and the principles of lifelong learning are included in the shared values of human services professions.

Professionalism interweaves with the other five strands in the Conceptual Framework to develop the art and science of counseling. Professionalism is an important component in
guiding content knowledge applications and therapeutic decisions, communicating effectively with technology, appropriately demonstrating the five emotional intelligence attributes (as listed below), and in engaging in relationships with diverse populations or in diverse settings.

**Emotional Intelligence (Strand 6)** Counselor candidates develop Emotional Intelligence and are cognizant of its significance as a positive disposition in counseling, therapy, and practice.

Faculty identified Emotional Intelligence as a critical disposition in the development of candidates. This strand represents a commitment to assuring professional counselors develop Emotional Intelligence and are cognizant of the significant role Emotional Intelligence plays in effective counseling, learning, and development. Emotional Intelligence includes:

1) an awareness of one’s own emotions and the emotions of others (competence)
2) Constructively expressing and controlling feelings (self-regulation)
3) A recognition that life is full of choices and each person is responsible for his or her decisions’ and actions (motivation)
4) The ability to take the perspective of others (empathy) listening to others, understanding others, interpreting guidelines for social relationships, and cooperating as a team member (social skills)

Emotional Intelligence interweaves with the other five strands in the Conceptual Framework to develop the art and science of teaching/leadership/counseling. Emotional Intelligence is an important component in learning and guides professional practice in selecting content, pedagogy/ techniques, and technology to facilitate learning and/or behavior change/growth for diverse populations.

**Submission Requirements:**

Practicum Application must include:

**Diversity Strand**: Graded reflection paper from program of study completed with a grade of “B” or better. Paper must involve some aspect of diversity.

**Technology Strand**: PowerPoint, Excel, WebCT, Pilot, Elluminate Live, or Blackboard Collaborate graded assignment.

**Professionalism Strand**: Professional resume, professional association membership (evidence), or certificate of attendance at a professional conference related to major.

**Emotional Intelligence Strand**: Emotional intelligence assessment (results).

(Students must pay $10 on Queendom.com after taking their Emotional Intelligence test and turn in the full Emotional Intelligence Test Report.)

Last term of enrollment students must submit the following artifacts:

**Content Knowledge Strand**: Department comprehensive exam results.

**Pedagogical Content Knowledge Strand**: Completed Practicum Field Evaluation form. Completed Goal Attainment form reflecting successful interventions.

Note: All portfolio artifacts will be housed in student’s department folder.
UNIVERSITY REQUIREMENTS FOR PRACTICUM

The following indicates the **minimum requirements** for practicum placement.

**On-Site Requirements**

The student is required to spend a **minimum of one hundred (100) hours**, spread over a **12-week summer term**; however, a site may require additional hours. Of these hours, at least a total of 40 hours must be in direct service. Whenever possible and appropriate, either audio or video (preferred) recordings should occur for purposes of critique and evaluation. Students have the responsibility for following site procedures both for securing permission to record and insuring the confidentiality of the obtained recording. If recordings are not appropriate, students should then present samples of their work. Students also are encouraged to exceed the minimum requirements.

**On-Campus Requirements**

Each practicum student will receive regularly scheduled supervision by the university instructor. Regular attendance at class meetings is required of the practicum student. Opportunities will be available to use role-playing, videos and other procedures to augment the student's performance at the practicum site.

**SUPERVISOR RESPONSIBILITY**

A. Faculty supervision will include:
   1. Review of practicum student's work on a regular basis.
   2. Contacts with practicum site supervisor.

B. On-site supervision will include:
   1. A weekly conference reviewing the work of the practicum student. A **minimum** of one hour per week of individual supervision by the site supervisor of record.
   2. Facilitation of assignment of appropriate experiences to practicum student in line with university requirements.
   3. Communication with university supervisor:
      a. If problems arise
      b. To give feedback on progress of student
   4. Completion and **return** of the evaluation form to the **university faculty supervisor**
      (Department of Human Services, 108 ALLYN HALL).
PRACTICUM SITE CRITERIA

1. Site supervisors must have a relevant master's degree or be approved by the department chair. A resume or Site Supervisor Information form must be on file (see Appendix 3).
2. Assurance that site can provide adequate and appropriate experiences.
3. Site supervisor and student jointly are responsible for assigning experiences that are suitable on the basis of student's level of experience and training.
4. Practicum student and practicum site are expected to abide by ethical standards of ACA.
5. The university prefers that appropriate experiences are recorded for purposes of supervision with the following restrictions observed:
   a. Consent
   b. No identifying information

The university supervisor should be privileged to observe a practicum student at times that are mutually agreeable to each and to the site. When recordings are not appropriate, another method of continuous feedback must be developed in order for the university supervisor to be apprised of the practicum student's progress.

Examples of Appropriate Practicum Sites

1. Employee Assistance Programs (EAP) - These programs may be located in community mental health centers, hospitals, businesses, or private settings.
2. Organizational settings with Human Resource Development or Training and Development departments.
3. Career programs in a variety of settings.
4. Other private consulting units that work with organizations.

Examples of Direct Service Activities

1. Counseling individuals or groups (under supervision of PC/PCC with supervisor status) in any of the following areas:
   a. personal (e.g. marital, family)
   b. educational
   c. career and professional
   d. retirement and termination (out placement)
   e. relocation, transfers
2. **Training and development** in any of the following areas:
   a. stress and burnout
   b. communication and interpersonal skills
   c. time management
   d. assertion
   e. supervisory skills--"coaching," feedback
   f. conflict resolution and problem solving
   g. diversity
   h. leadership
   i. decision making

3. **Consultation or intervention** in any of the following areas:
   a. organizational climate--psychologically healthy working conditions
   b. motivation
   c. assessment and referral
   d. team building and group dynamics
   e. corporate policy
   f. affirmative action, equal opportunity
   g. performance appraisal

**PROCEDURES FOR REGISTRATION FOR PRACTICUM**

The following procedures are to be observed in order to register for a practicum class:

1. The student must file an application by specified date. The application is contained in the Business & Organizational Management Counseling Practicum manual. The Business and Organizational Management Counseling Practicum is only offered during Summer Semester. Deadline for application:
   **Summer Semester - February 15**
   The student must supply verification of liability insurance with the application. A photocopy of insurance application and check will fulfill this requirement. The student must have his/her Program of Study on file with the main office.

2. A student will be admitted to practicum if all prerequisites have been completed [(CNL 6010 (RHB 701), CNL 6020 (CNL 863), CNL 6030 (EDL 751), CNL 7290 (CNL 973), and CNL 7280 (CNL 972) plus one additional course for a minimum of 18 hours of the required courses in the Business and Organizational Management Counseling program).
Note: Occasionally it is not possible to accommodate all students applying for practicum. Should this occur, a list will be developed based on the following criteria:

a. full-time student on leave or sabbatical
b. percentage of coursework completed
c. GPA

3. Student will be assigned to practicum as follows:

a. The student will be notified by e-mail of conditional acceptance into practicum.
b. The student will be given 2 weeks from receipt of the e-mail of acceptance to return the paperwork to the Department of Human Services in 108 Allyn Hall.
c. When all paperwork is completed and returned to the Department of Human Services, it will then be reviewed by a university supervisor. Following this review, the student will receive an e-mail informing them that he/she is able to register for CNL 8640 via WINGS.

c. Failure to complete registration process by the last day of open registration automatically removes the student from assigned practicum.

4. Policies

a. All deadlines will be strictly enforced.
b. Application process is current for one semester only.

5. Upon acceptance into a practicum section, the student must follow the procedures stated below:

a. Upon receipt of the e-mail of conditional acceptance, the student should begin the process of securing a site. Information regarding those sites which have been approved by the Program of Counselor Education is available from the graduate assistant in 108 ALLYN HALL. Students who are interested in practicum site that is not yet approved, must contact the graduate assistant for site approval.
b. The student should arrange an on-site interview with the potential practicum site. The student should provide a resume to the organization. This interview provides an opportunity for both the student and the site to clearly delineate their expectations for the practicum experience. If the site representative believes that the site's particular experiences or expectations are mismatched, the placement may be refused and another placement sought.
c. For site approval, the site supervisor must have a minimum of a relevant masters degree. For exception to the above, consult with the department chair. A resume, vita or site supervisor information form must be submitted.
d. The approved site supervisor must be able to give a minimum of one hour per week of individual supervision to the student.
e. The student should be flexible as some practicum sites may require additional hours (usually 9 -15 hours a week within the site should be expected).

f. If students use their place of employment as the practicum site, arrangements must be made for them to be supervised by someone other than regular supervisor and do their work in an area other than that in which they are employed (if place of employment please note how this is being done on your contract.)

g. If the site accepts the student for placement, the Counseling Practicum Contract/Memo of Understanding must be completed and signed by the site supervisor, the student, and the university supervisor. This form specifies the expectations and responsibilities of all parties involved and is contained in the manual.

h. The completed contract, Site Supervisor Information form (current vita or resume may be substituted), and Practicum Site Information form must be given to the graduate assistant (108 ALLYN HALL). Once approved by university supervisor, the student will receive an e-mail informing he/she is able to register for CNL 8640 via WINGS.

i. Registration fees must be paid by the last day of open registration or the student will automatically be removed from assigned practicum. (Senior citizens may register the first day of class.)

j. Students cannot register until all of the above procedures have been followed.

k. If conditions arise so that registration is not possible, the student must notify the graduate assistant before the end of open registration for that term. Failure to register and/or provide notification may prevent the opportunity to take a practicum course the next time the student applies.

STUDENT EVALUATION

Feedback from the practicum site is essential for the purpose of evaluating student effectiveness. University faculty have employed a rating form (see Appendix 5) for student behaviors. The rating form should be returned to the university supervisor no later than the next to last practicum class. Any additional comments the site supervisor wishes to make should be included.
COUNSELING PROGRAM FACULTY

Program faculty offices are located in 108 Allyn Hall. Program faculty may be reached by phone at (937) 775-2075.

Stephen Fortson, Ed.D.     Tara Hill, Ph.D.     Eileen Self, Ph.D.
Donna Tromski-Klingshirn, Ph. D
APPENDIX 1
Business and Organizational Management Counseling
Wright State University
Department of Human Services
108 Allyn Hall
Dayton OH 45435
(937) 775-2075

Application For Practicum - CNL 8640

1. Name______________________________________________________________

Address________________________________________________________________

City_________________________ State_________ Zip________________________

Phone________________ Home________________ Work________________(Cell

University ID__________________________________________________________

2. Pursuing second master's degree______ Yes_______ No

Deadline for application: February 15 only Summer Practicum offered

3. Please indicate when you completed (or that you are currently completing) the following prerequisites.

BOMC students are required to have completed the following courses with a grade of “B” or better.

Provide the grade received or expected below:

Prerequisites to CNL 8640:

CNL 6010 or RHB 701 ___________ CNL 6020 or CNL 863 ___________

CNL 6030 or EDL 751 ___________ CNL 7280 or CNL 972 ___________

CNL 7290 or CNL 973 ___________

Additional BOMC course taken to fulfill 18 credit hour requirement (see pages 2-3 and 5)

4. List courses in which you are presently enrolled.

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<thead>
<tr>
<th>Course Number</th>
<th>Instructor</th>
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5. Date of graduation______________________________

Full-time or part-time student______________________________
6. Program of study must be on file before applying for Practicum. Have you submitted a formal program of study for your file?  
   _____Yes  _____No

7. Are you on an approved, limited leave of absence or sabbatical?  
   _____Yes  _____No **If yes, please attach appropriate documentation from your employer.**

8. Proof of Liability Insurance MUST be included with this application. A copy of the insurance application and check will meet this requirement.

9. Registration Commitment

   (1) I acknowledge the Human Services Department's commitment to hold a place for me until the mass registration date for this term.

   (2) I accept the responsibility for registering as indicated. I realize that failure to do so on my part deprives some other student of the opportunity and leaves the Department with partially filled classes.

   (3) If conditions arise so that registration is not possible, I will notify the Practicum/Internship Graduate Assistant before the mass registration date for the term.

   (4) I certify that I will have completed all prescribed course work and I am eligible to take the course designated.

   (5) I will purchase professional liability insurance and provide documentation with this application. (A copy of the insurance application and check will be sufficient.)

   (6) I understand that failure to register and/or failure to provide notification may result in my being denied the opportunity to take this class for the next term offered.

10. Comments:

Signature______________________________________________ Date_______________

FOR OFFICE USE ONLY

_____GPA  
_____Program of Study
_____Total Hours  
_____Prerequisites
_____Leave of Absence  
_____Liability Insurance
(Please submit original and one copy)

APPENDIX 2
Business and Organizational Management Counseling
Wright State University
Department of Human Services
108 Allyn Hall
Dayton OH 45435
(937) 775-2075

Counseling Practicum Contract / Memo of Understanding - CNL 8640

Student Name: ______________________________

Phone: ___________________________ Home_________________________ Work_________________________ Cell

Semester: Summer Year: ____________

Site: ________________________________

Site Address: __________________________________________________________

City: ___________________________ State: ______ Zip: ___________________________

Site Phone(s): ________________________________

Site Supervisor Email: ________________________________

This Memo of Understanding is entered into by: ________________________________ Site Supervisor's Name

for practicum student ________________________________ Student's Name

from Wright State University, Department of Human Services, College of Education and Human Services as represented by ________________________________ University Supervisor's Name

The Site Supervisor agrees to assume responsibility for assisting the practicum student in conducting activities related to his/her practicum experience. These activities are here defined between the student and the College of Education and Human Services and are agreed to by the Site Supervisor. The University Supervisor agrees to be available for consultation with the site supervisor.

Site Supervisor agrees to:

1) Provide the student with a minimum of 100 hours of appropriate experiences spread over a 12-week term as summarized below.* (A minimum of 40 hours must be in direct service.)

2) Provide a minimum of one hour of individual supervision per week with the student.

3) Complete the Student Evaluation Form and communicate same to student as final feedback on the progress of the student. (Not later than the next to last practicum class).

4) Be available for conferences with the student and/or university supervisor as needed.
(5) Permit recordings (when appropriate).
(6) Provide the student with adequate physical facilities in which to work.
(7) Other:

*Summary of Practicum Experiences (continue on attached sheet as needed):

Student agrees to:

(1) Be responsible for providing a minimum of 100 hours of appropriate experiences over the 12-week summer term (see Summary of Practicum Experiences above). (A minimum of 40 hours must be in direct service.)
(2) Act in a manner consistent with ACA Code of Ethics.
(3) Be responsible for being available to the site supervisor for conferences (e.g., individual supervision, staffing, consultation, etc.) as needed or required.
(4) Be responsible for recordings (when appropriate).
(5) Comply with the rules and regulations of site (e.g. report writing, in-service training, etc.).
(6) Complete practicum hours in a different area than that in which they are employed and supervised by someone other than regular supervisor if practicum site is also place of employment.

Check here if practicum site is also place of employment.

If the above statement is applicable, provide the following information:

Name of Work Supervisor: ________________________________

Department: _______________________________________

(7) Other:

Site Supervisor's signature and date ___________________________

Student's signature and date _________________________________

University Supervisor's signature and date _______________________

Please obtain the Site Supervisor's signature and date, and sign and date yourself, before submission to the Graduate Assistant for Practicum & Internship.
APPENDIX 3
Business and Organizational Management Counseling
Wright State University
Department of Human Services
108 Allyn Hall
Dayton OH 45435
(937) 775-2075

Site Supervisor Information - CNL 8640

Name__________________________________________
Site____________________________________________
Site Address_____________________________________

City________________________________________State______Zip__
Site Phone_____________________________________
Email Address_____________________________________
Present Position __________________________Title___
___________________________________________________ Have you supervised WSU counseling students in the past? Yes ______ No ______
If yes, when? _________________________________Who was your university contact?____
Name of ________ WSU student presently being supervised________
___________________________________________________ Professional Licensure/Certification ________________________________
___________________________________________________ License/Certification No. ________________________________ Expiration Date____

Please fill in the following information or attach a current resume.

Education: (Begin with most recent)
Institution____________________________________
Degree/Major/Year_____________________________
Institution____________________________________
Degree/Major/Year_____________________________
Institution____________________________________
Degree/Major/Year_____________________________
Institution____________________________________
Degree/Major/Year_____________________________

Other Related Educational Experiences: (Begin with most recent)
1) ______________________________________________
2) ______________________________________________
3) ____________________________________________

4) ____________________________________________

**Professional Experience:** (Begin with most recent)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Employer Address</th>
<th>Dates of Employment</th>
<th>Job Title</th>
<th>Please describe duties</th>
</tr>
</thead>
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<th>Employer Address</th>
<th>Dates of Employment</th>
<th>Job Title</th>
<th>Please describe duties</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Professional Affiliations:**

1) ____________________________________________
2) ____________________________________________
3) ____________________________________________
4) ____________________________________________
5) ____________________________________________

Site Supervisor Signature ___________________________ Date ___________________
For your assistance with the education and training of Wright State University students, we would like to show our appreciation with a $100 stipend, which is to be distributed the following term. If the student has two supervisors, the stipend will be split between the two. If you are able to receive this stipend, please complete one of the following sections:

D I would like to have the check made out to my organization.
Site ________________________________
Site Address ________________________________

______________________________
______________________________
Tax ID # ________________________________

D I would like to have the check made out to myself.
Name ________________________________
(as it appears on your social security card)
Home Address ________________________________

______________________________
______________________________
Social Security # ________________________________

*If you would like to have the check made out to yourself please complete the OPERS Independent Contractor Acknowledgement Form found on the following page. In Step 2, please leave the Employer Contact and Employer Code areas blank.

D I and/or my site are unable to accept the stipend.
If you have questions or concerns regarding the stipend, please direct them towards:
The Graduate Assistant for Practicum and Internship
108 Allyn Hall
937.775.4208

or

The Chair of the Department of Human Services
Stephen B. Fortson, Ed.D., LPCC
108 Allyn Hall
937.775.2075
INDDEPENDENT CONTRACTOR
ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0565
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

**STEP 1: Personal Information**

Social Security Number

First Name ____________________________ MI ____________________________ Last Name ____________________________

**STEP 2: Public Employment Information**

Name of Public Employer

Employer Contact
First Name ____________________________ MI ____________________________ Last Name ____________________________

Employer Code ____________________________ Employer Contact Phone Number ____________________________

Service Provided to Public Employer

**Start Date of Service**
Month / Day / Year

**End Date of Service**
Month / Day / Year

PEDACKN (Revised 12/2012)

Page 1
STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer’s classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board’s satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer’s classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer’s failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature ________________________________  Today’s Date __/__/____

Do not print or type name
APPENDIX 4
Business and Organizational Management Counseling
Wright State University
Department of Human Services
108 Allyn Hall
Dayton OH 45435
(937) 775-2075

Practicum Site Information - CNL 8640

Student's Name
__________________________________________________________ Address
__________________________________________________________ City
__________________________________________________________ State ______ Zip
Phone __________________ Home __________________ Work ______ Cell ______
Practicum Site
__________________________________________________________
Address
__________________________________________________________
City __________________ State ______ Zip
Phone Number(s) ______________________________________________
Satellite (if applicable) _________________________________________ Site Website
(if applicable) ____________________________________________ Site Website
__________________________ Hours required of the practicum ________________
student ____________________________ Director's Name
Name ____________________________ Site Supervisor's Name
__________________________ Other potential supervisors __________________

Clientele at site ______________________________________________
__________________________________________________________
Directions to site ____________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Approximate miles from WSU ___________(one way)
Approximate time to travel from WSU ___________(one way)
APPENDIX 5
Business and Organizational Management Counseling
Wright State University
Department of Human Services
108 Allyn Hall
Dayton OH 45435
(937) 775-2075

Supervisor's Evaluation of Practicum Student - CNL 8640

I. Semester/Year__________________________________________________________
   University Supervisor__________________________________________________________

II. Identifying Information (Student)
   Name__________________________________________________________
   Address__________________________________________________________

III. Identifying Information (Site Supervisor)
   Name__________________________________________________________
   Site__________________________________________________________
   Site Address__________________________________________________________
   Site Phone__________________________________________________________
   Email Address__________________________________________________________

IV. Directions: Please indicate the degree to which each competency below has been demonstrated using the following scale:
   5 - This is frequently demonstrated with a very high degree of competence.
   4 - This is frequently demonstrated with a high degree of competence.
   3 - This is demonstrated sometimes with an adequate degree of competence.
   2 - This is occasionally demonstrated with a relatively low level of competence.
   1 - This is rarely demonstrated or with an extremely low level of competence.
   N/A - Not applicable to this setting.

The practicum student:

_____ 1. Demonstrates effective professional relationship behaviors with employees (clienteles) and supervisor.

_____ 2. Adapts to changing circumstances.

_____ 3. Demonstrates initiative and self-direction.

_____ 4. Cooperates within the organizational structure.

_____ 5. Acquires increased knowledge and skills related to practicum site.
____ 6. Implements tasks as specified by individual contract.
____ 7. Develops a consultation model appropriate to the practicum site.
____ 8. Conceptualizes multicultural/pluralistic factors which might influence clientele and professionals.
____ 9. Demonstrates awareness of areas and degrees of professional competence.
____ 10. Accepts feedback and recognizes constructive criticism during supervisory sessions.
____ 11. Commits to act on feedback and recommendations offered during supervisory sessions.
____ 12. Shows evidence of appropriate response to supervisor's recommendations.
____ 13. Performs in a professional manner.
____ 14. Maintains appropriate professional boundaries.
____ 15. Takes responsibility for growth and learning.
____ 16. Demonstrates appropriate oral and written communication skills.
____ 17. Demonstrates respect for others.
____ 19. Demonstrates appropriate organizational and time management skills.
____ 20. Demonstrates punctuality and excellent attendance.
____ 21. Attires in appropriate dress.
____ 22. Practices according to legal, professional, and ethical standards.
____ 23. Adheres to organizational policies.
____ 24. Communicates respectfully, authentically, and articulately.
____ 25. Demonstrates emotional intelligence.
____ 26. Evaluates outcomes of interventions utilized at practicum site.

____ Sum total of ratings  _______number of responses (out of possible 26)
____ Overall mean rating (sum total of ratings divided by number of responses
V. 1) In your overall judgment do you feel this person has the potential to be an effective counselor or human service professional? Please explain.

2) Would you recommend this student for a counseling and/or human service position in your setting? Please explain.

VI. Add any information which may clarify above responses or add insight into this student's qualifications.

Name of Site Supervisor (please print) ___________________________ (Supervisor's Signature) ___________________________ (Date) __________

Name of Student (please print) ___________________________ (Student's Signature) ___________________________ (Date) __________

Please Return to: University Supervisor
Wright State University
Department of Human Services
108 Allyn Hall
3640 Colonel Glenn Highway
Dayton, OH 45435

Revised Spring 2014
APPENDIX 6
Business and Organizational Management Counseling
Wright State University
Department of Human Services
108 Allyn Hall
Dayton, OH 45435
(937) 775-2075

Practicum Placement Evaluation - CNL 8640

Student's Name: ____________________________ Semester:_______ Year:_______

Placement  Site:____________________________________________________________________

Site  Address: _____________________________________________________________________

City: ____________________________ State: _______ Zip: __________

Site Phone No.: ______________ Site Supervisor: ________________________________

Site Website (if applicable): ______________________________________________________

Site accessibility for individuals with disabilities: Yes or No

Type of Clientele: ________________________________________________________________

University Supervisor: __________________________________________________________

A. Please rate your site on the following areas from 1 (very poor) to 5 (very good). Please note: this evaluation will be accessible to future students in the department in order to assist them in locating practicum sites.

1. Adequate assistance in meeting university requirements. 1 2 3 4 5
2. Staff acceptance of you as a trainee. 1 2 3 4 5
3. Support and cooperation of the administrative staff. 1 2 3 4 5
4. Multicultural sensitivity. 1 2 3 4 5
5. Physical facilities. 1 2 3 4 5
6. Flexibility of site in meeting student's and clientele's needs. 1 2 3 4 5
7. Site requirements were reasonable. 1 2 3 4 5
8. Site and/or supervisor provided orientation regarding laws, policies, and regulations that govern the organization. 1 2 3 4 5
9. Over-all evaluation of site. 1 2 3 4 5

Revised Spring 2014
B. Please rate your site supervisor on the following areas from 1 (seldom) to 5 (often).

1. Supervisor offered constructive criticism.  
   1  2  3  4  5

2. Supervisor provided support when needed.  
   1  2  3  4  5

3. Supervisor demonstrated multicultural sensitivity.  
   1  2  3  4  5

4. Supervisor provided assistance or referred you to someone who could.  
   1  2  3  4  5

5. Supervisor allowed adequate time for individual supervision.  
   1  2  3  4  5

6. Supervisor helped me to integrate theory and practice.  
   1  2  3  4  5

7. Supervisor coordinated my assignments.  
   1  2  3  4  5

8. Over-all evaluation of supervision.  
   1  2  3  4  5

C. 1. Is there anything not previously mentioned that you especially liked or disliked about the site or the supervision. Please explain.

2. Was the practicum a learning experience for you? Please explain.

3. What kind of supervision did you have (e.g., listening to tapes, direct observation, etc.)?

4. Number of hours required by site? ____________________________

5. Other comments:

Student's signature ___________________________________________ Date __________________

Please Return to: University Supervisor
Wright State University
Department of Human Services
108 Allyn Hall
3640 Colonel Glenn Highway
Dayton, OH 45345
Appendix 7
Wright State University
College of Education and Human Services, Department of Human Services 108 Allyn Hall, 3640 Colonel Glenn Highway, Dayton, OH 45435
Phone: 937.775.2075 Fax: 937.775.2042

CNL 8650/8670 - Time Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Indirect Hours</th>
<th>Sub Total</th>
<th>Direct Hours</th>
<th>Sub Total</th>
<th>Total/ Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supervision</td>
<td>Class/Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof. Dev.*</td>
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<td>Assessment</td>
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<td></td>
<td>Individual Counseling</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Group Counseling</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub Totals:</th>
<th>Indirect Hrs:</th>
<th>Direct Hrs:</th>
<th>TOTAL HOURS:</th>
</tr>
</thead>
</table>

Cumulative Total Semester Hours:

Site Supervisor Signature & Date:

Student Supervisor Signature & Date:

*Submit this form & all workshop materials for proof of Professional Development to your University Supervisor.
APPENDIX 8
Wright State University
College of Education and Human Services
Department of Human Services
Goal Attainment

Student Name __________________________ Site Name __________________________
(Please print)

Site Supervisor _________________________ Student Major _______________________

Identify three clients/groups/teams (use initials) whose outcome you will document.

<table>
<thead>
<tr>
<th>Client/Group/Team 1</th>
<th>Client/Group/Team 2</th>
<th>Client/Group/Team 3</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

Please circle the nature of this behavioral event.

<table>
<thead>
<tr>
<th>Client/Group/Team 1</th>
<th>Client/Group/Team 2</th>
<th>Client/Group/Team 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Behavior</td>
<td>Increase Behavior</td>
<td>Increase Behavior</td>
</tr>
<tr>
<td>Decrease Behavior</td>
<td>Decrease Behavior</td>
<td>Decrease Behavior</td>
</tr>
</tbody>
</table>

Write the outcome goal for the client/group/team in regard to your instructions or actions.

<table>
<thead>
<tr>
<th>Client/Group/Team1 Goal</th>
<th>Client/Group/Team 2 Goal</th>
<th>Client/Group/Team 3 Goal</th>
</tr>
</thead>
</table>
Identify expected outcomes for each client/group/team, beginning with the most likely outcome. This would be the “most likely outcome” expected to occur at the end of the intervention period. Next, describe two higher levels of success, which would be more than expected (+1) and much more than expected (+2). Do the same for the lower levels of progress as well, including less than expected (-1) and much less than expected (-2). Identify the date which you and another person will be reviewing the client/group/teams’ progress (you, site supervisor, coworker, etc.)

<table>
<thead>
<tr>
<th>Level of Expected Outcome</th>
<th>Client/Group/Team 1</th>
<th>Client/Group/Team 2</th>
<th>Client/Group/Team 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Date(s)</td>
<td>Describe</td>
<td>Describe</td>
<td>Describe</td>
</tr>
<tr>
<td>Reviewer(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Much more than expected (+2)</td>
<td>Describe</td>
<td>Describe</td>
<td>Describe</td>
</tr>
<tr>
<td>More than expected (+1)</td>
<td>Describe</td>
<td>Describe</td>
<td>Describe</td>
</tr>
<tr>
<td>Most likely outcome</td>
<td>Describe</td>
<td>Describe</td>
<td>Describe</td>
</tr>
<tr>
<td>Less than expected (-1)</td>
<td>Describe</td>
<td>Describe</td>
<td>Describe</td>
</tr>
<tr>
<td>Much less than expected (-2)</td>
<td>Describe</td>
<td>Describe</td>
<td>Describe</td>
</tr>
</tbody>
</table>
1. Identify the major way(s) you evaluated the outcomes for each client/group/team. Specifically, what assessment methods and steps did you use (observation, test, client feedback, significant other report, questions, participation in an activity, task completion, scaling, homework completion, etc.).

<table>
<thead>
<tr>
<th>Client/Group/Team 1</th>
<th>Client/Group/Team 2</th>
<th>Client/Group/Team 3</th>
</tr>
</thead>
<tbody>
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</table>

2. Estimate the degree to which your plan or intervention was carried out as intended.

<table>
<thead>
<tr>
<th>Client/Group/Team 1 (Check One)</th>
<th>Client/Group/Team 2 (Check One)</th>
<th>Client/Group/Team 3 (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_ As planned</td>
<td>_ As planned</td>
<td>_ As planned</td>
</tr>
<tr>
<td>_ Almost as planned</td>
<td>_ Almost as planned</td>
<td>_ Almost as planned</td>
</tr>
<tr>
<td>_ With a moderate amount of change</td>
<td>_ With a moderate amount of change</td>
<td>_ With a moderate amount of change</td>
</tr>
<tr>
<td>_ With many changes</td>
<td>_ With many changes</td>
<td>_ With many changes</td>
</tr>
</tbody>
</table>

3. Rate each client/group/teams’ goal attainment outcome on the review date below:

<table>
<thead>
<tr>
<th>Client/Group/Team</th>
<th>Date</th>
<th>Goal Attainment Rating (-2, -1, 0, +1, +2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. If you had another individual rate the goal attainment outcome, what was the agreement of your ratings? For example, for client/group/team 1 my rating was +1 and my site supervisor’s rating was 0.

<table>
<thead>
<tr>
<th>Client/Group/Team 1</th>
<th>Date</th>
<th>Goal Attainment Rating (-2, -1, 0, +1, +2)</th>
<th>Reviewer (site supervisor, coworker, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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</tr>
</tbody>
</table>

Site Supervisor’s Signature ___________________________ Date ______________

Counseling Student’s Signature ___________________________ Date ______________

Goal Attainment
Directions for Implementation:

1. Business and Organizational Management Counseling student chooses three clients/groups/teams to facilitate the use of the goal attainment task, after consultation with the site supervisor and support from their university supervisor.

2. The assessment should be collected during the practicum experience for all candidates within the program.
Business and Organizational Management Counseling Program
Advisory Board

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sara.sutter@macys.com
sara.el.sutter@gmail.com