



Certified Assessment and Credentialing Professional

Assessment & Maintenance Process: Part 2

Practicum Proposal

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# Practicum Proposal Forms

### Instructions for the Practicum Proposal:

1. You may enter your information directly in this application OR copy the forms and create a new file. Whichever you choose do a *save as* and rename the file as: First Initial Last Name CAPC Practicum proposal.
2. Complete the forms.
3. Put CACP Practicum Proposal in the subject line
4. Send all forms to Certifications@tifpi.org

## Candidate Information Form

First Name: Middle Name or Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/County/ZIP or Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Practicum Proposal Form

Project Name: \_\_\_\_\_\_\_\_\_

Provide a short executive summary. You want to give the reviewers a context so they can better understand and more fairly assess your proposal. Provide a citation if you reference a legal or regulatory issue. Then answer the following questions.

1. Why did you select this project?
2. What standard or standards do you want your practicum to demonstrate?
3. How is the project applicable to the standard or standards you selected?
4. How does this project support the inferred public promise of the credential?
5. Describe the need or opportunity this project will address.
6. What is the required timeframe for this project?
7. Who is your sponsor?

## **Sponsor’s Information Form**

Provide the following information identifying the sponsor who will attest to your performance in completing the practicum.

Name of Sponsor:

Relationship: Client Supervisor TIfPI Practice Leader

X

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/County/ZIP or Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_