

For Program Use:

Approval by your Major Professor and Program Director is required BEFORE approval by your externship supervisor:

Student Name: _____ Site Name: _____

Dates for which this agreement will apply: _____

Preapproval Signatures:

Major Professor: _____ Director of Clinical Psychology: _____

EXTERNSHIP AGREEMENT FORM

Practicum training is required for students in the Clinical Psychology doctoral program at the University of Rhode Island. The goal of practicum training in clinical psychology is met through placing students in settings that are clearly committed to training, and in which students will be supervised using an adequate number of appropriate professionals, and which provide a wide range of training and educational experiences through applications of empirically supported intervention procedures. The requirements for practicum training can partially be met through approved placements at off campus externship settings. Requirements include supervision by an appropriately credentialed person to supervise clinical training at the site. The ratio of direct hours to supervision hours should not exceed 4:1. Activities conducted by the student must be consistent with the scientist-practitioner model of training. Evaluations of students should be completed by December 9 for externships during the fall semester, May 9 for externships during the spring semester, and August 31 for summer externships. All reports should be sent to the Director of Externship training at the Psychology Department.

This doctoral student in the clinical psychology program is approved to complete the following practicum.

1. Dates for which this agreement will apply: Begin Date: _____ End Date: _____

2. Site name _____

3. Type of setting:

Community Mental Health Center

Health Maintenance Organization

Medical Center

Military Medical Center

Private General Hospital

General Hospital

Veterans Affairs Medical Center

Private Psychiatric Hospital

State/County Hospital

Correctional Facility

School District/System

University Counseling Center

Medical School

Consortium

Other (e.g., community-based intervention), please specify: _____

4. Type of services provided:

Administration

Assessment

Consultation

Psychotherapy

Research

Supervision

Teaching

Other (e.g., community-based intervention), please specify: _____

5. Type of clients served:

Children Adults Low Income
Adolescents Geriatric Other, please specify: _____

6. Supervisor

- a. Name of onsite clinical supervisor _____
- b. Highest degree of primary on-site supervisor _____
- c. Credentials of primary on-site supervisor (e.g., diplomate, licensure) _____
- d. Telephone number _____
- e. E-mail _____
- f. Mailing address _____

7. Duties of the student extern: _____

8. How much time will be required per week to complete these duties? _____

9. How many hours of direct client contact are planned per week? _____

10. How many clients per week will be seen? _____

11. How many hours and what type of supervision will be received?

Individual: ___hrs/week

Group: ___hrs/week

Other: ___hrs/week Other, please specify type: _____

12. How much compensation will be provided? _____

The clinical supervisor at the site agrees to sign weekly practicum logs and submit an evaluation of the student extern for the fall semester by December 9, for the spring semester by May 9, and for the summer by August 31.

Clinical Supervisor at Site/Date

Director of Clinical Psychology
Department of Psychology
University of Rhode Island/Date

On Campus Supervisor/Date

Student Extern/Date