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PLEASE RETURN THIS COMPLETED FORM TO
THE GRADUATE PROGRAM SECRETARY WHO WILL FILE IT FOR YOU.

EXTERNSHIP AGREEMENT FORM

Practicum training is required for students in the doctoral program in Clinical Psychology 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. 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.

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

1. Dates for which this agreement will apply _____
2. Site name _____
3. Type of setting (Use Practicum Setting Code, see second page) _____
4. Type of services provided (Use Activity Codes, see second page) _____
5. Type of clients served (e.g., children, adolescents, adults) _____
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) _____
 - c. Telephone number _____
 - d. E-mail _____
 - e. 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 (or how many clients per week will seen) _____

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

11. 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

Practicum Setting Codes

1. Community Mental Health Center
2. Health Maintenance Organization
3. Medical Center
4. Military Medical Center
5. Private General Hospital
6. General Hospital
7. Veterans Affairs Medical Center
8. Private Psychiatric Hospital
9. State/County Hospital
10. Correctional Facility
11. School District/System
12. University Counseling Center
13. Medical School
14. Consortium
33. Other (e.g., consulting), please specify

Activity Codes

1. Administration
2. Assessment
3. Consultation
4. Psychotherapy
5. Research
6. Supervision
7. Teaching
33. Other (e.g., community-based intervention), please specify