

Application for Clinical Practicum (PSYC 785)

Clinical Psychology Ph.D. Program
Department of Psychological and Brain Sciences
UNIVERSITY OF LOUISVILLE

Student: _____

Site: _____

Supervisor: _____

Supervisor's Email Address: _____

Credit Hours: _____ *through* _____
(generally 1) (Semester) (Semester)

Number of hours per week student will be expected to work: _____

(general guideline: 4 direct contact hours per week for 1 credit hour)

Plan of work

Briefly describe the student's responsibilities in this practicum.

Describe how this plan of work meets the student's training needs and goals.

Arrangements for supervision

One hour of face-to-face supervision is required. Specify how this supervision need will be met, along with any other types of supervision that will be provided (e.g., editing reports).

Does a “multiple relationship” exist? YES NO

If YES, then describe the outcome of the COI meeting with the DCT.

Management of clinical income

Describe how any income or other material gain to the supervisor will be managed to avoid exploitation of the student.

Practicum Parameters:

1. Students **must** register for PSYC 785 when doing any outside practica.
2. Students are covered by malpractice insurance through the Psychological Services Center. This coverage applies to clinical work done under the auspices of a course, including their practicum work.
3. All activities of the student are supervised, with at least 1 hour of face-to-face supervision per week. Supervisors are asked to provide written evaluations of student progress at the end of each semester.

Student Signature

Date

Mentor Signature

Date

Supervisor Signature

Date

Director of Clinical Training Signature

Date