

# 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* \_\_\_\_\_  
(Semester) (Semester)

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

*(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 per week 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).

*At least one direct observation (live or by video recording) during this evaluation period (i.e., each semester) is required. Audio recording alone is not sufficient to meet the requirement of direct observation. In addition, all supervisors must follow the telesupervision policy for the University of Louisville's Ph.D. program in Clinical Psychology; this policy will be distributed prior to the start of the practicum placement or may be requested at any time.*

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. Any telesupervision must follow the program telesupervision policy.
4. At least one direct observation (live or by video recording) during this evaluation period (i.e., each semester) is required.
5. Supervisors are asked to provide written evaluations of student progress at the end of each semester using the program evaluation form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Clinical Training Signature

\_\_\_\_\_  
Date