### Clinical Training Status Change

CTG04-Revised 9/26/13

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Name:</strong></td>
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<tr>
<td><strong>Program:</strong></td>
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<tr>
<td><strong>Telephone:</strong></td>
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<tr>
<td><strong>Today’s Date:</strong></td>
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</tbody>
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I would like to notify the Office of DCT of the following change in my clinical training status (select one or more of the three choices below):

- [ ] Accepted a new training site
- [ ] Change in existing training plan
- [ ] Separating from a training site

#### Accepted a new training site

- Name of Site
- Start Date
- Date Change Went in Effect
- Name of Supervisor

#### Change in existing training plan

- New supervisor
- Supervisor Name:
- Supervisor License type and 
- New supervisor is:
  - [ ] Primary*
  - [ ] Delegated

* Please attach primary supervisor CV

#### Separating from a training site

- Termination Date
- Hours of individual supervision (Primary Supervisor) ______
- Hours of individual supervision (Delegated Supervisor) ______
- Group supervision (Primary Supervisor) ______
- Group supervision (Delegated Supervisor) ______
- Intervention services ______
- Assessment services ______
- Indirect services (administration, didactic, etc.) ______
- Total Hours ______

* Please describe circumstances on separate attachment.

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Please return to Clinical Training Office
Phone: (805) 679-6191 • Fax: (805) 565-5796