



STUDENT INFORMATION			
Student Name:		Telephone:	
Program:	<input type="checkbox"/> PhD <input type="checkbox"/> PsyD	Date of request:	

STUDENT STATEMENT	
I, the undersigned, request permission to undertake a practicum.	
<p>Select up to three of the practicum sites identified on the list of available sites, in order of preference, or indicate "none available."</p> <p>You may also propose one or more sites by listing them below. Note that new sites require a Training Site Proposal Form to be approved <u>prior</u> to interviewing at the site. A licensed psychologist must be identified as the primary supervisor for the proposal to be considered.</p>	<p>1 _____ Site Name Site Code</p> <p>2 _____ Site Name Site Code</p> <p>3 _____ Site Name Site Code</p> <p><input type="checkbox"/> There are no approved sites in my area. <input type="checkbox"/> I would like to propose the following new practicum site(s) listed below. <input type="checkbox"/> I understand that I must submit a Site Proposal Form for this site to be considered and wait for approval letter before interviewing at the site.</p> <p>_____ Site Name City, State</p> <p>_____ Site Name City, State</p> <p>_____ Site Name City, State</p>
<p>Please attach the following documents to this request:</p> <p><input type="checkbox"/> A brief statement of your training goals as they relate to obtaining a practicum <input type="checkbox"/> A copy of your current CV <input type="checkbox"/> HIPAA acknowledgment (submitted only once)</p>	

Prerequisite to start Practicum training includes successfully passing the Annual Assessment for Program Advancement



Please acknowledge your understanding and affirmation of the following, by initialing each.

- _____ I have read the Clinical Training Handbook, and agree to abide by the regulations described.
- _____ I understand and acknowledge that I am responsible for maintaining my own liability coverage for a minimum of one million dollars (\$1,000,000.00) per individual incident and three million dollars (\$3,000,000.00) aggregate. **Coverage under a different occupation is not sufficient. Coverage provided by the training site is not enough; I must maintain my own liability insurance at my own expense. I understand that only hours accrued while insured will count towards Pacifica's training requirement.**
- _____ I understand that acceptance into practica is not assumed merely because I am enrolled in the doctoral program. The DCT must approve this application before I interview for practicum. **No hours will be counted without a letter from the DCT indicating that I may begin.**
- _____ Clinical experience outside of approved practicum will not count towards the requirement.
- _____ Practica is a **continuous** commitment that requires least 500 hours during the next year to meet all requirements. I will honor the time commitment made to the training site.
- _____ I am responsible for logging my hours in the **Practicum Weekly Log** forms; these forms will be necessary for applying for internship. I agree to ensure that these forms are submitted in a timely manner, and to retain copies myself.
- _____ The DCT requires at least 3 **Supervisor Evaluation forms** per year, due by the end of each quarter. These forms are used to determine completion of clinical training requirements. I agree to ensure that these forms are submitted in a timely manner, and to retain copies myself.
- _____ I am responsible for my cases during holidays and between terms, unless other agreements are made with the site.
- _____ Before the practicum arrangement is approved, I must provide the Director of Clinical Training with proof of professional liability insurance. I understand it may take time to arrange such coverage.
- _____ I will uphold the ethical standards of the APA while on Practicum.
- _____ I will not accept additional employment or other status at my practicum which would constitute an unethical dual relationship with the site or its clients.
- _____ I will not provide clinical services to persons with whom I have a dual relationship. I will not engage in sexual or physically intimate relationships with clients.
- _____ The appropriateness of my continued work at the site is regularly evaluated and not assumed.
- _____ I understand that practicum students may not supervise each other.
- _____ I will not see clients alone at the clinic. I will be responsible for seeing that another person eligible to supervise me is somewhere in the building. I understand that if I want to see a client alone in the clinic, I can seek special permission from my site supervisor.
- _____ I will contact the DCT when encountering clinical, ethical, interpersonal, or emotional issues which have not been handled by my supervisor, or with which I do not feel comfortable approaching my supervisor.

Student Signature

Date

Date Proposal Received: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
_____ Director of Clinical Training	_____ Date

PLEASE RETURN ORIGINAL FORM TO CLINICAL TRAINING OFFICE
Phone: (805) 679-6191 • Fax: (805) 565-5796