



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 City, State</p> <p>2 _____ Site Name City, State</p> <p>3 _____ Site Name City State</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>
Please attach the following documents to this request:	
<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)	

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



Student Acknowledgment of HIPAA Regulations

I, _____, a student in the Clinical Psychology Program at Pacifica Graduate Institute, have reviewed the relevant HIPAA regulations, and have read, understand, and agree to follow them with regard to my clinical training sites.

I also understand that in presenting clinical experiences at school as part of coursework and practicum seminars, I should protect the identity of identified clients at all times.

Signature: _____

Date: _____

*Information about HIPAA privacy and security rules can be found at www.hhs.gov.

Date Proposal Received: _____ Approved Denied

Director of Clinical Training

Date

**Students: Return form to
Andrea Alfaro, the Clinical
Training Coordinator by email
at aalfaro@pacifica.edu**