

Site Proposal Form

Revised: 8/29/2019

Please be in communication with the Director of Clinical Training when approaching new sites.

STUDENT INFORMATION								
Student Name:					Phone:			
Program:	Ph	ı.D.	Psy.D.		Date:			
Proposal is for:		<u></u>				rnship: CA Department of Mental Health Waiver rnship: Non-accredited, outside California* cach description of how this internship will meet the insure requirements in your state.		
r roposar is ror.		*Atta						
SITE INFORMATION								
Name of			DIII II					
Proposed Site:				Site Address:				
Website					7 Iddiess.			
Site Contact:	Name:				Phone:			
	Title:				Email:			
Primary Supervisor (if known):	Name:				Phone:			
	License Number:				Highest Degree:			
Does the site have an existing training program with a history of training students?			Yes	Does the site have psychologist supervision? Yes No Unknown				
Type of setting			Community mental health center General Hospital Sychiatric Hospital Private Practice Training Institute Other (describe):				tal	
Have you contacted the site? If yes, please describe any correspondence with them here.								
Yes No No								
Check if site is pre-existing employment. Attach written description of how this training will differ from everyday work duties								
							_	
Student Signature]	Date		
Proposal: Approved Denied Director of Clinical Training Date						Andrea A Training C	Return form to the Alfaro, the Clinical oordinator by email aro@pacifica.edu	
frector of Chineal Halling							-	