



STUDENT INFORMATION			
Student Name:		Telephone:	
Program:	<input type="checkbox"/> PhD <input type="checkbox"/> PsyD	Date of request:	
STUDENT STATEMENT			
List practicum placements and total hours logged as of today.		TOTAL Number of practicum hours as of today:	
Site	Total Hours	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p>Please note that at least 500 hours are required to demonstrate readiness.</p>	
Site	Total Hours		
Site	Total Hours		
Check here to indicate which internship categories you will be considering (check all that apply):	<input type="checkbox"/> APA-approved <input type="checkbox"/> APPIC-listed <input type="checkbox"/> CAPIC-listed	<input type="checkbox"/> Psychological Assistant * <input type="checkbox"/> Other, non-accredited internship *	
*Requires interview with DCT and Training Site Proposal Form.			
Please attach the following documents to this request:			
<input type="checkbox"/> A brief statement of your training goals as they relate to internship <input type="checkbox"/> A copy of your current CV			

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

- \_\_\_ I understand that practicum training must be completed as well as all coursework and comprehensive exam must be passed before I start my internship.
- \_\_\_ 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 (for example MFT, LCSW, etc.) is not sufficient. **Coverage provided by the training site is not enough; I must maintain my own liability insurance.**
- \_\_\_ I understand that acceptance into internship is not assumed merely because I am enrolled in the doctoral program. The DCT must approve this application before I interview for internship. **No hours will be counted without a letter from the DCT indicating that I may begin.**
- \_\_\_ If I apply for an internship that is not APA accredited or APPIC or CAPIC listed, I must submit a site proposal form for each such application.



- \_\_\_ If I plan to satisfy internship requirements through a psychological assistant position (available only to internships in the state of California), I must obtain approval by the Board of Psychology and submit a copy of the application, the approval letter, and of the Supervision Agreement form (Board of Psychology forms).
- \_\_\_ Internship is a **continuous** commitment that requires least 1500 hours to meet all requirements. I will honor the time commitment made to the training site.
- \_\_\_ I understand that internship requirements must be completed within 30 months and at no more than two sites.
- \_\_\_ I am ultimately responsible for logging my hours; these logs will be necessary for applying for licensure.
- \_\_\_ The DCT requires at least 2 **Supervisor Evaluation forms** per year, due by the end of spring and fall terms. 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 semesters, unless other agreements are made with the training site.
- \_\_\_ Before the internship 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 Internship.
- \_\_\_ I will not accept additional employment or other status at my internship which would constitute a 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 will not see clients alone at the training site. 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 at the training site, I can seek special permission from my site supervisor.
- \_\_\_ I will contact the DCT when encountering clinical, ethical, interpersonal, or emotional problems which have not been handled by my site supervisor, or with which I do not feel comfortable approaching my site supervisor.
- \_\_\_ I agree to subscribe to APPIC's MATCH-NEWS email list.

**Student Signature**

**Date**

Date Proposal Received: \_\_\_\_\_  Approved  Denied  
Notes:

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

\_\_\_\_\_  
Date

**Students:  
Return completed form to  
clinicaltraining@pacifica.edu**