



STUDENT INFORMATION			
Student Name:		Telephone:	
Program:	<input type="checkbox"/> PhD <input type="checkbox"/> PsyD	Anticipated Start Date:	
SUPERVISOR / SITE INFORMATION			
Name of Training Site:		Street Address:	
		City, State, Zip:	
Supervisor Name:		Telephone:	
		Email:	
License Type & Number:	<input type="checkbox"/> Supervisor CV is attached		<i>Please note that Pacifica requires the Primary Supervisor to be a licensed psychologist.</i>
Type of Setting: <i>Check the most appropriate descriptor</i>	<input type="checkbox"/> 1. Community mental health center <input type="checkbox"/> 2. Health Maintenance Organization <input type="checkbox"/> 3. Medical Center <input type="checkbox"/> 4. Military Medical Center <input type="checkbox"/> 5. Private General Hospital <input type="checkbox"/> 6. General Hospital <input type="checkbox"/> 7. Veterans Affairs Medical Center <input type="checkbox"/> 8. Private Psychiatric Hospital <input type="checkbox"/> 9. State/County Hospital <input type="checkbox"/> 10. Correctional Facility <input type="checkbox"/> 11. School System <input type="checkbox"/> 12. University Counseling Center <input type="checkbox"/> 13. Medical School <input type="checkbox"/> 14. Consortium <input type="checkbox"/> 15. Private Practice <input type="checkbox"/> Other (Describe)		
Services Offered: <i>Check all that apply.</i>	<input type="checkbox"/> 1. Administration <input type="checkbox"/> 2. Assessment <input type="checkbox"/> 3. Consultation <input type="checkbox"/> 4. Psychotherapy <input type="checkbox"/> 5. Research <input type="checkbox"/> 6. Supervision <input type="checkbox"/> 7. Teaching <input type="checkbox"/> 33. Other (please describe):	What is the supervisor's relationship to the training site?	<input type="checkbox"/> Administrator <input type="checkbox"/> Employee <input type="checkbox"/> Contractor / Privileges <input type="checkbox"/> Institutional Agreement (please provide copy of agreement with this form)
Theoretical Model of Supervisor:	<input type="checkbox"/> Behavioral <input type="checkbox"/> Biopsychosocial <input type="checkbox"/> Cognitive Behavioral <input type="checkbox"/> Eclectic/Integrative <input type="checkbox"/> Gestalt <input type="checkbox"/> Humanistic/Existential <input type="checkbox"/> Interpersonal <input type="checkbox"/> Psychodynamic <input type="checkbox"/> Systems/Family <input type="checkbox"/> Other (please describe):	Theoretical Model of Training Site:	<input type="checkbox"/> Behavioral <input type="checkbox"/> Biopsychosocial <input type="checkbox"/> Cognitive Behavioral <input type="checkbox"/> Eclectic/Integrative <input type="checkbox"/> Gestalt <input type="checkbox"/> Humanistic/Existential <input type="checkbox"/> Interpersonal <input type="checkbox"/> Psychodynamic <input type="checkbox"/> Systems/Family <input type="checkbox"/> Other (please describe):
Training Site Director:		Phone:	
I certify that this training agreement represents a CAPIC member internship.			_____ Training Site Director Initial
List Delegated Supervisor (if any):	Name:		Phone:
	License Type and Number:	Highest Degree:	Theoretical Orientation:



TRAINING PLAN				
Type of client Served:	<input type="checkbox"/> Adults <input type="checkbox"/> Geriatric <input type="checkbox"/> Adolescents	<input type="checkbox"/> Children <input type="checkbox"/> Families <input type="checkbox"/> Other:	Description of population served (i.e., SMI, trauma, homeless)	
Supervision Plan:	Individual Supervision Hours/ week:	<input type="checkbox"/> With Primary Supervisor <input type="checkbox"/> With Delegated Supervisor		
	Group Supervision Hours/ week:	<input type="checkbox"/> With Primary Supervisor <input type="checkbox"/> With Delegated Supervisor		
Work Schedule:	Hours worked per week:		Length of time commitment with site?	1 year <input type="checkbox"/> 2 years <input type="checkbox"/> Other: _____
	Clients seen per week:			Stipend/Salary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly Describe Duties Expected of Student:				

Pacifica requires students to attend internship sites which are organized psychological service units providing professional psychological services to individuals, families, or groups designated as clients by the psychological services unit. “Psychological services” includes, but is not restricted to: diagnosis, prevention, treatment, and amelioration of psychological problems and emotional and mental disorders of individuals and groups. Psychological treatment means the use of psychological methods in a professional relationship to assist one or more individuals to acquire greater human effectiveness or to modify feelings, conditions, attitudes and behavior which are emotionally, intellectually, or socially ineffectual or maladjustive.

Supervised internship experience may also include activities representing socialization into the profession of psychology, including integrated modalities such as mentoring, didactic exposure, role-modeling, enactment, observational/ vicarious learning, and consultative guidance, or any supervised activities that address the integration of psychological concepts and current and evolving scientific knowledge, principles, and theories to the professional delivery of psychological services. Only hours approved by the internship supervisor as meeting these criteria are to be counted as internship hours for purposes of the 1500 hour internship requirement.

Supervision time should account for at least 10% of the total time spent on internship. At least one hour per week must be individual supervision with the primary supervisor.

Supervisors are asked to submit a Supervisor Evaluation of Student form at the end of Fall, Winter, Spring, and Summer terms (December 31, March 31, June 30 & September 30) for students in the PsyD Program in Clinical Psychology and at the end of Fall and Spring terms (December 31 & June 30) for students in the PhD Program in Clinical Psychology.



The student has reviewed this form, and agrees to fulfill the responsibilities of the internship. The supervisor agrees to provide training and supervision as indicated above. The supervisor will complete written evaluations of the student, and the student will complete written evaluation of the internship experience.

The Supervisor and Student agree:

- 1. Internship students are prohibited from renting office space from their supervisors.
2. Internship students can have no fiduciary interest in their supervisors' practices.
3. Supervisors are prohibited from supervising supervisees who are, or have been, psychotherapy clients of the supervisors.
4. No hours of supervised professional experience are allowed if the supervisor has a familial or interpersonal relationship with the internship student.
5. Students may not engage in dual relationships with the supervisor, training site, or designated clients.

General Terms and Conditions

- 1. The parties hereto agree that the Institute students are fulfilling specific requirements for clinical experiences as part of a degree requirement, and therefore the Institute's students are not to be considered employees of the Institute.
2. The parties hereto agree that since student works under supervision away from the Pacifica campus, the Institute assumes no legal responsibility for the activities, counseling work, or consultation that they provide to clients/patients at the supervisor's facility.
3. The Supervisor and Pacifica student shall provide and maintain, at their own expense, a program of insurance, in reasonable and adequate amounts, covering their respective activities and operations hereunder.
4. This Agreement shall be effective for a period of one year when executed by both parties listed below.
5. This Agreement may be revised or modified by written amendment when both parties agree to such amendment.
6. If either party wishes to terminate this Agreement prior to the end of its normal term, ninety (90) days written notice shall be given to the other party.

Student: Print Name Signature Date
Primary Supervisor: Print Name Signature Date
Agency Training Director: Print Name Signature Date
Pacifica Director of Clinical Training Signature Date

Clinical Training Office
Date Proposal Received:
[ ] Approved [ ] Denied
Date Approved to begin Placement:

Students:
Return completed form to
clinicaltraining@pacifica.edu