



STUDENT INFORMATION			
Student Name:		Phone Number:	
Program:	<input type="checkbox"/> PhD <input type="checkbox"/> PsyD	Anticipated Start Date:	
Type of Setting:	<input type="checkbox"/> CA Psychological Assistantship <input type="checkbox"/> CA Exempt Setting <input type="checkbox"/> CA Department of Mental Health Waiver <input type="checkbox"/> Non-accredited outside California (Attach description of how this internship meets licensure requirements in the state you plan to become licensed)		
SUPERVISOR / SITE INFORMATION			
Supervisor Name:	Street Address:		
	City, State, Zip:		
Name of Training Site:	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:	
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 following represent guidelines established by Pacifica for internship arrangements which are not APA accredited, or listed by either APPIC or CAPIC. Supervisor, please initial which conditions will be met in the proposed training plan.

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| 1) The internship must be set in a psychological service unit, which is an organization, agency, department, or other organized entity which provides psychological services, defined as diagnosis, prevention, treatment, and amelioration of psychological problems and emotional and mental disorders of individuals and groups.  |  |
| 2) The psychological service unit must use, and train the intern in the use of, empirically validated treatments, defined here as a treatment model well-documented in the literature of clinical psychology appropriately applied to a presenting problem under the supervision of a licensed psychologist trained in that model, specifically including depth and psychodynamic models of psychotherapy. |  |
| 3) It must be an organized training program, in contrast to on-the-job training, which is designed to provide the intern with a planned, programmed sequence of training experiences.  |  |
| 4) The internship has an identifiable staff psychologist licensed in that jurisdiction who is responsible for the integrity and quality of the training program.   |  |
| 5) The internship has, in addition to the primary supervisor above, at least two additional licensed mental health professionals, who would also be available for supervision and consultation.  |  |
| 6) The internship provides training in a range of assessment and treatment activities conducted directly with clients seeking services.  |  |
| 7) A minimum of <b>35% of total time on site</b> is spent providing intervention services.   |  |
| 8) 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.  |  |
| 9) In addition to the supervision requirements, the internship provides at least two hours of other learning opportunities per week such as: case conferences, seminars dealing with clinical issues, group supervision, etc.  |  |
| 10) The internship must have a minimum of one other trainee enrolled at the time the Pacifica student begins.  |  |

If the internship is located in California, please indicate which mechanism by which the California Board of Psychology (BoP) will recognize the supervised experience towards licensure:

- Psychological Assistant (section 2913, registration with the BoP required prior to commencing work)
- Exempt setting (section 2910, registration with BoP not required)
- Department of Mental Health Waiver (5751.2 Welfare and Institutions Code, registration with BoP not required)

If the internship is located outside California, the student is asked to document how this training will satisfy local regulatory requirements for licensure in your jurisdiction



*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. Both parties shall indemnify and hold each other harmless from any and all claims, losses, damages, or injuries to persons or property, and all costs, expenses, and attorneys' fees incurred in connection therewith, caused by the negligence or intentional acts of the indemnifying party, its agents, or employees and arising out of performance of this Agreement.
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. Such program of insurance may include, but need not be limited to, comprehensive general liability and professional liability, as appropriate. Upon written request, the Supervisor and the student involved shall provide each other with a certificate evidencing such coverage. If such request is for the student's coverage, the certificate shall be requested of, and provided by, the student.
4. This Agreement shall be effective for a period of one year when executed by both parties listed below. Both parties automatically will renew this Agreement annually after appropriate review unless otherwise indicated in writing by one of the parties at least thirty (30) days prior to the end of the term.
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, provided that any such termination by the Supervisor shall not effect any student who, at the date of mailing said notice, was participating in said program until such student has completed the program.

_____ 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](mailto:clinicaltraining@pacifica.edu)