PACIFICA GRADUATE INSTITUTE

Practicum Training Agreement

CTP02 – Revised 6/1/2024

STUDENT INFORMATION			
Student Name:		Telephone:	
Program:	☐ PhD ☐ PsyD	Anticipated Start Date:	

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

TRAINING PLAN				
Type of client Served:	☐ Adults ☐ Children ☐ Geriatric ☐ Families ☐ Adolescents ☐ Other:		Description of population served (e.g., SMI, trauma, homeless)	
Supervision Plan:	Individual Supervision Hours/ week:	☐With Primary Supervisor ☐With Delegated Supervisor		
	Group Supervision Hours/ week:	☐With Primary Supervisor ☐With Delegated Supervisor		
Work Schedule:	Hours worked per week:		Length of time commitment with site?	
	Clients seen per week:			Stipend/Salary? ☐ Yes ☐ No
Briefly Describe Duties Expected of Student:				

Pacifica requires students to attend practicum 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 practicum 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 practicum supervisor as meeting these criteria are to be counted as practicum hours for purposes of the 1000 hour practicum requirement.

Students should spend a minimum of 35% of their total time providing intervention services. Supervision time should account for at least 10% of the total time spent in practicum. 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 bi-annually (December 31 and June 30th).

The student has reviewed this form, and agrees to fulfill the responsibilities of the practicum. 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 practicum experience.

The Supervisor and Student agree:

1. Practicum students are prohibited from renting office space from their supervisors.
2. Practicum 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 practicum 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.

_____	_____	_____
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