

**University of Oregon Clinical Psychology Program
Request for Approval for External Clinical Work**

Name:

Year in Program:

Academic Advisor:

Completed in-house practica:

Site of proposed clinical work:

Period of Proposed work:

Site supervisor and credentials:

Site Address:

Phone:

Email:

1. **Description of clinical activities and population served (e.g., child, adolescent):**
(Please include clients, assessments, treatment format and modality, manuals to be used, report writing, etc)
2. **Approximate number of face to face client hours per week:**
3. **Supervision agreement:**
(Please include name of supervisor, credentials of supervisor, supervision format, frequency of supervision)
4. **Other activities at site** (e.g. team meetings, etc):
5. **Please describe how your clinical work at this site would be consistent with our clinical scientist training model:**
6. **Please describe how clinical work at this site would support and further your individual training needs and goals:**

Student signature:

Date:

University of Oregon
Department of Psychology
Approval of Student Request for External Clinical Work

A student in our doctoral program in clinical psychology is requesting approval for clinical work under your supervision at your site. Please review the student's request and indicate your agreement.

I have read and agreed with this proposal for clinical work. It is understood that the student has not completed the PhD program and is not licensed as a psychologist. Therefore, neither the student nor the practicum site will represent the student as a psychologist. The site or the student will inform clients that the graduate student is providing services as part of professional training.

The site is in compliance *with APA Ethical Principles of Psychologists and APA Standards for Providers of Psychological Services.*

Supervisor name: _____

Supervisor signature: _____

Licensed psychologist's name, if supervisor is not a licensed psychologist: _____

Licensed psychologist's signature: _____

Date: _____

Approval from current Director of Clinical Training:

DCT's name: Nicholas Allen, PhD

DCT's signature: _____

Date: _____