

**University of Oregon
Clinical Psychology Program
Agreement for External Clinical Work**

PART I: Student

Student Name:	Year in Clinical Program:
Academic Advisor:	
Completed Psychology Training Clinic Practica:	
Site of proposed clinical work (site name, address, etc.): <ul style="list-style-type: none"> • Site Name: • Address: • Phone: 	
Period of proposed work (month/year – month/year): <i>*note, approval of this document must be obtained before the listed start date here</i>	
Site supervisor's information – <ul style="list-style-type: none"> • Name: • Credentials: • Phone: • Email: 	
Description of Site (e.g., private practice, VA Medical Center, community mental health center, etc.):	
Description of population served (e.g., infant, children, adolescents, adults, at-risk youth, etc.):	
Description of clinical activities (e.g., assessments, treatment format and modality, manuals to be used, report writing, etc.):	
Approximate number of face-to-face client hours per week:	
Supervision agreement (include supervision format, frequency of supervision, number of hours of face-to-face supervision):	
Other activities at site (e.g., team meetings, etc.):	
Please describe how your clinical work at this site would be consistent with our clinical scientist training model:	

Please describe how clinical work at this site would support and further your individual training needs and goals:

Student Agreement:

- If any of the above information changes, I will notify the department's graduate coordinator.
- I understand that a request will be made of the site supervisor to evaluate my progress at least twice (mid-year, year-end) each year of the practicum experience. I also understand that the site supervisor may contact our Director and/or Associate Director of Clinical Training if there are any questions or concerns.
- If I have registered for Psy 606 Practicum credits, the graduate coordinator will reach out to the site supervisor prior to finals week of that term to confirm participation. The DCT or ADCT will be the instructor of record.
- If this is an external practicum (on campus, but outside of Psychology Clinic), I have registered for at least one 606 Prac credit (contact Lori for details).
- I have submitted my proof of liability insurance to the DCT.
- I will not start my external practicum until the DCT has approved this form and I receive a notification.

Student's Signature:

Date:

PART II: Site Supervisor

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 above and indicate your agreement to the following.

- 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.
- I understand that the department will require an evaluation on the student's progress at least twice a year (mid-year, year-end) for each year of the practicum agreement.
- Supervision will include direct observation (i.e., live or videotaped observation, feedback from other supervisors, review of clinical records, discussions in supervision, participation in meetings, or audiotape review of clinical work).
- The site is in compliance *with APA Ethical Principles of Psychologists and APA Standards for Providers of Psychological Services.*

- I have discussed any site specific documentation (ex. Proof of liability insurance, proof of vaccinations) and/or onboarding requirements with the student trainee.
- If I have questions or concerns, I can contact the Director of Clinical Training Maureen Zalewski, zalewski@uoregon.edu), or graduate coordinator (Lori Olsen, lolsen@uoregon.edu).

Supervisor's name:

Supervisor's signature:

Date:

If supervisor is not a licensed psychologist,

Licensed psychologist's name:

Licensed Psychologist's signature:

Date:

PART III: Departmental Approval

Director of Clinical Training: Maureen Zalewski, PhD

DCT's Signature:

Date:

This document will be placed in the clinical trainee's academic file by Lori Olsen (lolsen@uoregon.edu) in the Department of Psychology, University of Oregon.