PsyD Practicum Placement Agreement

MUN PsyD Program Responsibilities
1. The MUN PsyD Program will ensure that the student shall be eligible for practicum only after satisfactory completion or concurrent enrollment in all required courses.
2. The Practicum Coordinator for the MUN PsyD Program will distribute relevant information, including evaluation forms and practicum summary letters to the student and practicum supervisors within one week following completion of the term.
3. The MUN PsyD Program will designate a faculty member (course instructor) to serve as liaison to the practicum site.
4. The course instructor will review final evaluations of the student, and in consultation with the site supervisors will assign a final grade.
5. The course instructor will organize and attend two or three meetings per term with the student and practicum site supervisor. Meetings will normally take place at week 1, week 5, and sometimes also during week 12 depending on the needs of the student.

Student Responsibilities
1. The student will provide the practicum site with a certificate of conduct, a PHIA training certificate, a signed oath of confidentiality and a vaccination certificate if required.
2. The student will meet with the practicum site supervisor prior to the placement for interview. It is the student’s responsibility to ensure the meeting is scheduled within the dates identified by the practicum site coordinator. The purpose of the meeting is to determine goodness of fit and begin to identify goals for the placement.
3. The student will conform to the administrative policies, standards and practices of the practicum site and to the legal and ethical standards of the profession, including professional attire and attendance.
4. The student will demonstrate and document the competencies required by the practicum.
5. The student will not provide services beyond the limitations of his/her competencies.
6. The student, in collaboration with the practicum supervisor and the course instructor, will develop a learning agreement that integrates course requirements into the practicum experience.
7. The student will attend a weekly seminar organized by the course instructor.
8. The student will notify the practicum site and course instructor of illness, accident or any other situation that does not allow them to meet the prearranged program at the practicum site.
9. The student will inform the MUN PsyD Program of any changes to the on-site schedule.

Practicum Site Responsibilities
1. The practicum site will provide opportunities for the student to develop professional competencies appropriate to his/her level of training. Normally, at least 50% of the total hours
of supervised experience will be in service-related activities, and at least 25% in face-to-face client contact with an absolute minimum of 50 direct contact hours during the course of the semester. Each supervisor will also provide at least 30 minutes of direct supervision per client contact hour. The practicum site will book clients prior to the placement whenever possible.

2. The practicum site will notify the MUN PsyD Program of any personal safety issues, concerns or requirements that are pertinent to the location or activities to which the student will be assigned.

3. The practicum site will accept no more students than the site staff, space and program permit. A supervisor will not normally provide concurrent supervision for more than two students.

4. The practicum site will provide the student with an orientation to site policies, standards and practices.

5. The practicum site will designate one registered psychologist to serve as the primary site supervisor under whose license the practicum student is practicing. Direct supervision may be provided by doctoral interns/residents and other regulated professionals.

6. The practicum site supervisor will evaluate student competencies, oversee all student professional activities and provide guidance with respect to the student’s professional development. All reports must be co-signed by the supervising registered psychologist.

7. The practicum site supervisor, in collaboration with the course instructor, will complete evaluations of the student’s performance, including remediation plans if necessary at the agreed upon mid-term and final weeks previously identified.

8. The practicum site assures that the student will receive face-to-face clinical supervision for a minimum of one hour for every day of practicum experience.

9. The practicum site may notify in writing to the MUN PsyD Program the desire to terminate or cancel any student whose performance is unsatisfactory, whose personal characteristics prevent relationships within the practicum site or whose health status is a detriment to successful completion of the practicum. Prior to cancellation or termination, the practicum site and the MUN PsyD Program will consult about the proposed action.

10. The practicum site supervisor will write a letter summarizing the student’s practicum experience and send it to the practicum committee at the MUN PsyD Program and the student at the end of the term.
Term and Termination of the Agreement

The term of this agreement shall extend from _____________________, (DD.MM.YYYY) through _____________________ (DD.MM.YYYY).

This experience is to be at least _______ day(s) per week (specify days and times):
________________________________________________________________.

Site Information

Name and address of practicum site:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Practicum Site Coordinator   Director of Clinical Training
(i.e., Supervising Psychologist if applicable)
Signature: __________________________ ______________________________
Name: _____________________________ ______________________________
Date: ______________________________ ______________________________
Phone: _____________________________ ______________________________
E-mail: _____________________________ ______________________________

Primary Supervisor    Practicum Course Instructor
Signature: __________________________ ______________________________
Name: _____________________________ ______________________________
Date: ______________________________ ______________________________
Phone: _____________________________ ______________________________
E-mail: _____________________________ ______________________________

Student
Signature: __________________________ Phone: ______________________
Name: _____________________________ E-mail: ______________________
Date: ______________________________