



Graduate Program in Clinical Psychology

Counting Research/Clinical Experiences as Program-Sanctioned Hours (program-sanctioned hours must be pre-approved)

Student Name: _____ Degree/Year (e.g., PsyD, II) _____

Location of Anticipated Setting: _____

Volunteer Experience _____ Paid Experience _____

*NOTE: According to APPIC, paid assessment hours cannot be counted as program-sanctioned hours.

Anticipated Start Date: ____/____/____ Anticipated End Date : ____/____/____
mm/ yyyy mm/ yyyy
(typically is not longer than 6 months from the start date)

Approximate number of program-sanctioned hours to be accrued _____

Assessment _____ Intervention _____

Approximate number of hours to be spent in setting per week _____

_____ The research/clinical experience involves direct (face-to-face or electronic medium) contact with a clinically-sample (describe sample below)

_____ The provision of an intervention/treatment or assessment is consistent with evidence-based practice.

_____ The research/clinical experience involves (e.g., structured clinical interviews), the provision of an intervention or treatment and/or the administration of intellectual or personality assessment (describe experience below).

Please provide justification for why this particular research or clinical experience should be counted as program-sanctioned hours (append no more than 1 additional page if necessary).

_____ The intended supervisor, _____, agrees with the student's justification and will provide supervision for this experience.

Supervisor's Signature

- _____ The intended supervisor is a doctoral-level psychologist registered with the Newfoundland and Labrador Psychology Board.
- _____ The experience will involve regular supervision (ideally maintaining the 4:1 ratio that is required of practicum experiences).
- _____ The hours will be documented by the student and verified by intended supervisor.
- _____ The thesis supervisor agrees that the student is meeting or exceeding objective benchmarks for his/her thesis or dissertation progress.

Thesis Supervisor's Signature

_____ The student is carrying professional liability insurance.¹

Initial Approval: The Director of Clinical Training (DCT) has approved the proposed research/clinical experience. The student may count the proposed research/clinical experience as program sanctioned hours. This approval will expire in six months on _____/_____/_____
dd / mmm / yyyy

Date

DCT Signature

Initial Approval: The Practicum Coordinator (PC) has approved the proposed research/clinical experience.

Date

PC Signature

Final Approval: Students must submit a log and tally of their hours co-signed by their clinical supervisor. The following hours have been appropriately documented and verified and may be counted as program-sanctioned hours.

Intervention _____ Assessment _____ Supervision _____

Date

DCT Signature

¹ Note: Coverage for professional liability insurance through BMS (<http://www.cpa.ca/insurance/business>), or another carrier, is on a claims-made basis (i.e., the insurance will respond to claims made during the policy term). As such, students should continue obtaining coverage throughout the tenure of their career.