

PART 1: Completed by STUDENT TRAINEE

Student Trainee LAST Name	Student FIRST Name (Given)	ID Number	Course Number
Student Trainee Email	START Date (YYYY/MM/DD)	END Date (YYYY/MM/DD)	
Director Name (Training/Program)	Clinic Name (Dept/Service/Unit)	Institution / Organization Name	
Supervisor(s) Name	Supervisor Degree, Qualifications	OPQ Registered Member www.ordrepsy.qc.ca/en/forms/tab_membres.sn	
Supervisor(s) Email	Supervisor Office Phone	Supervisor Fax	

Supervision	Supervision Frequency (times per week)	Supervision Hours (hours per week)	Days at Practicum (Mon/Tue/Wed/Thu/Fri) Academic Year: 1 day/week; 2 days with permission Summer: 4 day/week; 5 post-M.A. with permission	
	Anticipated Caseload (number of patients/clients)	Anticipated Direct Client Hours (hours per week)	Anticipated Indirect Hours (hours per week)	
	Supervision Format (Choose ALL that apply)			
<input type="radio"/> Discussion	<input type="radio"/> Session Notes	<input type="radio"/> Video Recordings	<input type="radio"/> Audio Recordings	
<input type="radio"/> Session Transcripts	<input type="radio"/> Live Observation	<input type="radio"/> Co-Therapy/Assessment	<input type="radio"/> Peer Supervision	

Planned Training	Practicum Description	(Describe nature of practicum. Include treatment setting, target population, and clinical activities.)

PART 2: Completed by STUDENT TRAINEE

Optimal Practicum Training

Defining Characteristics		Extramural I (Summer)	Extramural II or III (9 or 12 months)
Check ALL that Apply	<input type="radio"/> Appropriate Days per Week	4 day/week (or 5 post-M.A.)	1 day/week (or 2 with permission)
	<input type="radio"/> Length of Practicum ¹	16 weeks	Academic or Year long
	<input type="radio"/> 8 Hours per Day Inclusive	-	-
	<input type="radio"/> Appropriate Total Hours of Training	500-600 hours	400-600 hours
	<input type="radio"/> Access to Clients/Patients/Cases	-	-
	<input type="radio"/> Sufficient Direct Contact Hours	2-3 hours/day	2-3+ hours/day
	<input type="radio"/> Licensed Clinical Ph.D. Psychologist Supervisor ²	-	-
	<input type="radio"/> Two Licensed Psychologists on Staff	-	-
	<input type="radio"/> Weekly, Direct Face-to-face Supervision	2 hours minimum	1 hour minimum
	<input type="radio"/> Didactic Opportunities (case conferences, grand rounds, seminars)	-	-
	<input type="radio"/> Other Clinical Students Training at Site	-	-
	<input type="radio"/> Trainee Space (Work space, Phone access)	-	-
	<input type="radio"/> Access to Resources (Testing materials)	-	-
	<input type="radio"/> History of Providing Supervision & Clinical Training	-	-
<input type="radio"/> Other:	-	-	

Optimal Practicum Training Specifications

¹Practica may not exceed 12 months for clinical documentation purposes. If you are approved to stay at the same site for longer than 12 months, you must re-submit all application materials for a new practica. This ensures that a mid-year and final evaluation and clinical hours forms are completed twice per practica. Students are strongly encouraged to seek diverse clinical training experiences as part of their Clinical Training Diversity Requirement.

²Multiple accrediting bodies require supervision by a licensed, clinical Ph.D. psychologist (OPQ, CPA, APA). In some circumstances, supervision hours by another licensed professional are permitted to be counted for APPIC pre-doctoral internship applications. Students are strongly discouraged from considering practicum training without a licensed, clinical Ph.D. psychologist as this is discordant with our accreditation standards and may pose challenges to becoming licensed depending on the jurisdiction.

<input type="radio"/>	Clinical Supervisor CV Attached	All clinical supervisors must have a current C.V. on file within the Concordia Psychology department. If you are setting up a new site, be sure to submit your supervisor's CV with this application.
<input type="radio"/>	Supervisor Special Request	In rare circumstances, practica will be approved under the supervision of a non-clinical psychologist supervisor. Approval is at the discretion of the DPaC, in consultation with the DCT, and is based on a review of the proposed supervisor's background training, clinical training setting, and unique circumstances.
Provide a Specific Rationale and Justification for the Special Request:		

PART 3: Signatures

Research Supervisor

I certify that my student is making timely progress on their research and is in good standing in the department. I am aware that I do not have to authorize an extra day a week if I have any concerns regarding research productivity. I give permission for this optional clinical training experience.

Research Supervisor Name PRINT

Research Supervisor Signature

Date

Clinical Supervisor

I agree to provide the clinical training opportunities and supervision as outlined above. I understand that I will complete evaluation forms (mid, final) for this student's practicum training. I will provide a copy of my current C.V.

Clinical Supervisor Name PRINT

Clinical Supervisor Signature

Date

Student Trainee

I have completed APC Practicum I, II, and III satisfactorily. I agree to limit my practicum experience to the days listed above. During the practicum, I will abide by all ethical and clinical training regulations as stipulated by Concordia University, CPA, APA, and the clinical training site. I will notify my research supervisor immediately should this practicum interfere with my research productivity. Upon completion of the practicum, I will ensure all paperwork is documented and submitted.

Student Trainee Name PRINT

Student Trainee Signature

Date

For Office Use Only

Send **HARDCOPY ONLY**:

Concordia University
 Applied Psychology Centre, Attn: DPaC
 7141 Sherbrooke Street West, PY146
 Montreal, QC H4B 1R6

THIS FORM MUST BE FULLY COMPLETED BY ALL STUDENTS PERFORMING NON-REMUNERATED PRACTICA OR INTERNSHIP OUTSIDE THE UNIVERSITY AS PART OF THEIR COURSE CURRICULUM

BE SURE TO READ: It is imperative that the student have or should acquire personal health insurance coverage (medical, dental, dismemberment, death) prior to commencing this practica or internship. In the event of a work related injury sustained while engaged in activities related to this non-remunerated practicum/internship, any incurred expenses not normally covered by Quebec Medicare must be assumed by the student's private insurance plan, or in the absence of such a plan, the student him/herself. Students may be covered as part of a family or a partner's plan. Concordia University Student Union health plans (<http://ihaveaplan.ca>) and Blue Cross (www.bluecross.com) are possible options for obtaining individual health insurance coverage.

Student Information	Student Trainee LAST Name	Student FIRST Name (Given)	Student ID
	Address (Number, Street)	City, Province	Postal Code
	Phone Number (Work)	Phone Number (Home)	Phone Number (Cellphone)
	Email Address	Sex	
		Female	Male
	Social Insurance Number (SIN)	RAMQ	Health Insurance Plan Information

Emergency Contact	Emergency Contact LAST Name	FIRST Name (Given)	Relation
	Address (Number, Street)	City, Province	Postal Code
	Phone Number (Work)	Phone Number (Home)	Phone Number (Cellphone)
	Email Address		

University Contact	University Contact LAST Name	FIRST Name (Given)	Title
	Ellenbogen	Mark	DPaC (Director Practica & CUPIP)
	Department	Internal Address	
	Psychology	PY 111.5	
	Email	Phone Number (Work Extension)	
apc@alcor.concordia.ca	(514) 848-2424 x7551		

Course Info	Course Number	
	Description	External clinical placement for advanced clinical training in assessment, intervention, and consultation. Meets CPA and APA professional standards for requisite clinical training hours for degree and licensure requirements.

Organization Training Site	Practicum Site (Name of Company or Organization)		Department
	Address (Number, Street)	City, Province / State	Postal Code / Zip Code
	Training Director	Supervisor Name	Supervisor Phone Number (Work)
	Supervisor Email Address	Alternate Phone Number	

Job Info	Length of Assignment (1 yr / 6 mos)	FROM (Month / Year)	TO (Month / Year)
	Basic Description of Duties	Clinical psychology student trainee will conduct assessment, intervention, and consultation with clinical cases under the direct supervision of a licensed psychologist.	

DECLARATION – I solemnly declare that that all of the statements made in this application are true. I declare that I have read and understood all of the questions and all information is complete. The **HARDCOPY** of this application **MUST be returned to the Applied Psychology Centre (PY111.5)** no less than two weeks prior to your practicum start date, otherwise you will not be insured. **NOTE:** Should you receive any amount of remuneration regardless of the total, this application automatically becomes null and void.

Student Trainee Name PRINT

Student Trainee Signature

Date