

### **General Instructions**

- All forms are provided as pdf form-fillable documents. For 2011-2012, you may choose to fill out electronically or print and write in by hand.
- You are responsible for saving a copy of all documentation for your own records.
- All forms can be found at: <http://psychology.concordia.ca/formslinksandpolicies/forms/>
- Submit completed forms **HARDCOPY ONLY** to Concordia University, Applied Psychology Centre, Attn: DPaC, 7141 Sherbrooke Street West, PY111.5, Montreal, QC H4B1R6.
- Graduate students are ultimately responsible for all required documentation to be completed for their clinical training. Please use the instructions and timeline outlined in the table below to ensure accurate completion of the necessary documentation.

<b>Form</b>	<b>Who</b>	<b>When</b>	<b>Instructions</b>
<b>Clinical Case Logsheet</b>	Student Trainee	Every week (all practica)	<ul style="list-style-type: none"> <li>• Complete a separate logsheet for each case</li> <li>• Record time spent in each activity listed and include names of assessment measures</li> <li>• Do not “double count” hours (review APPIC standards)</li> <li>• For APC Practicum, when your file is active, keep the logsheet in the client file (For Extramural and Internship, discuss with supervisor whether to keep log in own files)</li> <li>• Review these forms with your supervisor at your middle and final evaluation</li> <li>• Use logsheet to facilitate completion of Clinical Hours Summary form</li> </ul>
<b>Clinical Hours Summary</b>	Student Trainee	Mid & Final (all practica & internship)	<ul style="list-style-type: none"> <li>• Complete clinical hour summary for entire training experience (APC, Extramural, or Internship)</li> <li>• When the DCT reviews your clinical hours, they will check to be sure that your clinical case logsheet records match with the hours denoted on the Clinical Hours Summary</li> <li>• Organization is identical to documentation standards of AAPIC</li> <li>• Review these forms with your supervisor at your middle and final evaluation</li> <li>• Summary should be completed cumulatively (Final should include hours also listed at middle)</li> <li>• List demographics for patients observed (write 0 for direct hours)</li> <li>• List demographics for direct supervision provided to others</li> <li>• Copy last page with patient demographics as often as needed and include as attachment</li> <li>• Hand in hardcopy to APC</li> </ul>
<b>Supervisor Evaluation Form</b>	Student Trainee (Part 1)  Clinical Supervisor (Part 2)	Mid & Final (all practica & internship)  <u>Academic year</u> <i>(Dec, April)</i> <u>Full year</u> <i>(Dec, June)</i> <u>Summer</u> <i>(June, Aug)</i>	<ul style="list-style-type: none"> <li>• Complete Part 1 and include general information, and supervision details.</li> <li>• Once you have completed Part 1, send to your supervisor (email or hardcopy) so they may complete their evaluation of your work performance.</li> <li>• After your supervisor has completed, you should meet and review your evaluation. Your clinical supervisor and you should sign and date to document that the evaluation was reviewed. (Your signature does not mean that you agree with the evaluation.)</li> <li>• Hand in hardcopy to APC</li> </ul>

Form	Who	When	Instructions
<b>Feedback Form</b>	Student Trainee	Final (all practica & internship)	<ul style="list-style-type: none"> <li>• Provide feedback about the training site and your clinical supervisor</li> <li>• If you have more than one supervisor, complete the supervisor page as often as needed</li> <li>• Be constructive and diplomatic in your feedback. Supervisors do have access to this information (provided only when critical mass of forms are available).</li> <li>• To be assigned a grade, you must complete this form. To keep track of the form, write your name in PENCIL OR hand-in directly to the APC so you can be given credit. All identifying information will be removed so feedback can remain anonymous.</li> <li>• Do not write any dates on the feedback forms.</li> </ul>
<b>Extramural Practicum Application</b>	Student Trainee	Before Practicum	<ul style="list-style-type: none"> <li>• Complete this application form for all Extramural Practicum. Obtain signatures from research supervisor and intended clinical supervisor.</li> <li>• CSST application is for required insurance coverage for accidents at the external site. (This insurance is separate from malpractice insurance, which your supervisor would have as part of their license.)</li> <li>• Extramural Practicum are completed under qualified supervisors in applied settings approved by DPaC/DCT (e.g., hospital, clinic, school, community health, rehabilitation centre). Only clinical hours obtained at approved extramural practicum conducted under qualified supervision are permissible to count for APPIC and licensure. Students may not engage in clinical training experiences without approval of DPaC/DCT for both legal and malpractice reasons.</li> <li>• Practicum start and finish dates are flexible and need not be restricted to Academic year. Number of days per week for training are restricted (Academic year: 1 day/week; Summer 4 day/week). Typically, 35% of time at site is reserved for indirect contact (preparing for client contact, write session notes).</li> <li>• This is not an entry-level practicum. Tasks should be more challenging than those of earlier practica.</li> <li>• Supervision must be conducted by a licensed clinical psychologist with malpractice coverage for supervision. Supervising psychologists who did not supervise the previous year are asked to submit their CV for accreditation purposes. The ratio of supervision to client hours must meet CPA accreditation guidelines for supervision in senior internships.</li> </ul>
<b>Practicum Letter</b>	Student Trainee (Template)  Clinical Supervisor (Signed letter)	Before Practicum	<ul style="list-style-type: none"> <li>• A letter outlining the service agreement between the site/supervisor and student trainee is required for legal reasons. For most sites, a signed letter from the supervisor is sufficient. (Some sites require a formal service contract. You will be informed if this is required for your practicum site.)</li> <li>• Upon receiving approval from the DPaC that your extramural practicum application has been approved, prepare the template for the Practicum Letter. Modify the information in CAPS as they are specific for you and your practicum site. Include specific information about training (direct and indirect hours, supervision time).</li> <li>• Send the electronic version of the template to your intended Clinical Supervisor. They should feel free to modify the letter accordingly. They should then print out the letter on letterhead, sign, and return to the APC.</li> </ul>

Form	Who	When	Instructions
<b>Internship Addendum</b>	Predoctoral Interns (Part 1 & 3)  Clinical Supervisor (Part 2)	Mid & Final (Predoctoral internship only)	<ul style="list-style-type: none"> <li>• During your predoctoral internship, you must complete all of the above paperwork. IN ADDITION to those forms, you must also complete the Internship Addendum Form that contains required information for the predoctoral internship and accreditation.</li> <li>• Complete Part 1 and Part 3. Once you have completed, send to your supervisor so they may complete their evaluation of your work performance and personal appraisal (Part 2).</li> <li>• After your supervisor has completed, you should meet and review this documentation. Your clinical supervisor and you should sign and date to document that the evaluation was reviewed. (Your signature does not mean that you agree with the evaluation.)</li> <li>• If you have more than one supervisor, complete this form as often as needed</li> </ul>

### Form Checklists

<b>APC Practicum (I, II, III)</b>	
Entire Duration	<input type="checkbox"/> Clinical Case Logsheet
Mid <i>-November/December</i>	<input type="checkbox"/> Clinical Hours Summary <input type="checkbox"/> Supervisor Evaluation Form
Final <i>-March/April</i>	<input type="checkbox"/> Clinical Hours Summary <input type="checkbox"/> Supervisor Evaluation Form <input type="checkbox"/> Feedback Form

<b>Internship</b>	
Mid <i>-December</i>	<input type="checkbox"/> Clinical Hours Summary <input type="checkbox"/> Supervisor Evaluation Form
Final <i>-July</i>	<input type="checkbox"/> Clinical Hours Summary <input type="checkbox"/> Supervisor Evaluation Form <input type="checkbox"/> Feedback Form <input type="checkbox"/> Internship Addendum

<b>Extramural Practicum (I, II, III)</b>	
Before Practicum (4 weeks)	<input type="checkbox"/> Extramural Practicum Application <input type="checkbox"/> Confirmation Letter from Site (Sent by Supervisor using student prepared template) <input type="checkbox"/> CSST Coverage Letter to Site (Sent from APC once approved)
Entire Duration	<input type="checkbox"/> Clinical Case Logsheet
Mid <i>-Full Year: December</i> <i>-Academic Year: December</i> <i>-Summer: June</i>	<input type="checkbox"/> Clinical Hours Summary <input type="checkbox"/> Supervisor Evaluation Form
Final <i>-Full Year: July</i> <i>-Academic Year: April</i> <i>-Summer: August</i>	<input type="checkbox"/> Clinical Hours Summary <input type="checkbox"/> Supervisor Evaluation Form <input type="checkbox"/> Feedback Form