Concordia University

Applied Psychology Centre

Roisin O’Connor

Director Practica & CUPIP

7141 Sherbrooke Street West, PY 170-16

Montreal, Que. H4B 1R6

RE: Student’s Name

DATE:

Dear Concordia Director of Practica and CUPIP (DPaC):

SITE NAME confirms acceptance of STUDENT’S NAME as a clinical extramural practicum student. STUDENT’S NAME will train at our clinical setting for # hours per week, beginning START DATE through END DATE. Our setting primarily serves BRIEF DESCRIPTION. It is estimated that STUDENT’S NAME will receive # hours of direct client contact per week. I will provide clinical supervision overseeing STUDENT’S NAME training estimated at # supervision hour(s) per week. I am an OPQ Licensed Clinical Psychologist. I understand that it is my responsibility to maintain my clinical licensure and liability coverage, and to notify Concordia should any circumstances arise in my capacity to provide supervision. In addition to direct clinical hours, further training is available to STUDENT’S NAME through didactic opportunities (weekly department meetings).

I agree to complete Concordia’s student evaluation forms twice: at the middle and end of the practicum training. I understand that all training requirements for STUDENT’S NAME at our site must be completed by END DATE, this includes all client contact (including feedback/final sessions), reports (in the final versions), and supervision. If I anticipate any concerns related to STUDENT’S NAME completing all aspects of the practicum by the end date, I will contact the DPaC by ONE MONTH BEFORE END DATE. I understand that STUDENT’S NAME must submit all final documents (including supervisor evaluations, clinical summary hours, feedback forms) to the DPaC by ONE MONTH FOLLOWING END DATE in order to receive course credit for this clinical extramural practicum.

Sincerely,

SUPERVISOR’S NAME

Licensed Clinical Psychologist