

### General Instructions

- ☑ All forms are provided as pdf form-fillable documents. You are strongly encouraged to save a copy of all documentation for your own records.
- ☑ All forms can be found at: <http://www.concordia.ca/artsci/psychology/programs/graduate/clinical-training/cupip.html>
- ☑ Submit completed forms **HARDCOPY ONLY** to Concordia University, Applied Psychology Centre, Attn: DPaC, 7141 Sherbrooke Street West, PY111.5, Montreal, QC H4B1R6.
- ☑ Psychology interns are ultimately responsible for all required documentation to be completed for their clinical internship training. Please use the instructions and timeline outlined in the table below to ensure accurate completion of the necessary documentation.

Form	Who	When	Instructions
<b>CSST Form</b>	Intern	August (2 weeks before start of internship)	<ul style="list-style-type: none"> <li>• Complete this form for accident insurance (this is an application for insurance coverage should you have any accidents while you are working off the Concordia University campus)</li> <li>• CSST insurance does not replace malpractice insurance (which your clinical supervisors would have as part of their license)</li> <li>• Submit to DPaC</li> </ul>
<b>Individualized Training Plan</b>	Intern & Rotation Group Director	September (start) & February (mid)	<ul style="list-style-type: none"> <li>• Detail general and individualized training goals</li> <li>• Outline caseload expectations</li> <li>• Submit to DPaC</li> </ul>
<b>Clinical Case Logsheet</b>	Intern	Weekly	<ul style="list-style-type: none"> <li>• Use to facilitate completion of Clinical Hours Summary</li> <li>• Complete a separate logsheet for each case</li> <li>• Record the time you spend in each of the activities; include names of assessment measures</li> <li>• Do not “double count” hours</li> <li>• Give a copy to your supervisor to review at midyear and final evaluation</li> <li>• Upon completion, maintain for your records</li> </ul>
<b>Clinical Hours Summary</b>	Intern	February (mid) & August (final)	<ul style="list-style-type: none"> <li>• <i>Cumulative</i> summary of hours</li> <li>• Supervisor to review and sign</li> <li>• Also record observed cases, if applicable (enter 0 for direct hours)</li> <li>• Submit to Rotation Group Director and DPaC</li> </ul>
<b>Supervisor Evaluation</b>	Intern (Part 1) &	February (mid) & August (final)	<ul style="list-style-type: none"> <li>• Complete Part 1 and then send to supervisor to complete the evaluation in Part 2</li> <li>• Meet with supervisor to review your evaluation and then supervisor and intern sign and date</li> </ul>

<b>Form</b>	Supervisor ( <i>Part 2</i> )		(Your signature does not mean that you agree with the evaluation, rather it indicates that you had a chance to review the evaluation with your supervisor) <ul style="list-style-type: none"> <li>•Submit to Rotation Group Director and DPaC</li> </ul>
<b>Feedback Form</b>	Intern	August (final)	<ul style="list-style-type: none"> <li>•Complete to provide feedback about the training site and your clinical supervisor(s)</li> <li>•If you have more than one supervisor, complete the second page as often as needed</li> <li>•The training site and clinical supervisor evaluation forms are separated from your clinical hours and will remain anonymous to the extent possible</li> <li>•Be constructive and diplomatic in your feedback</li> <li>•Submit to APC Assistant (to be filed anonymously)</li> </ul>
<b>Internship Addendum</b>	Intern ( <i>Part 1 &amp; 3</i> ) & Supervisor ( <i>Part 2</i> )	August (final)	<ul style="list-style-type: none"> <li>•Complete this form IN ADDITION to forms above</li> <li>•Complete Part 1 &amp; 3 and then send to supervisor to complete the evaluation in Part 2</li> <li>•Meet with supervisor to review your evaluation and then supervisor and intern sign and date (Your signature does not mean that you agree with the evaluation, rather it indicates that you had a chance to review the evaluation with your supervisor)</li> <li>•Submit to Rotation Group Director and DPaC</li> </ul>