

PREINTERNSHIP SITE

SECTION B: TO BE COMPLETED BY THE APPLICANT AND VERIFIED BY THE EDUCATIONAL INSTITUTION:

List in chronological order each site of supervised preinternship experience for which you are applying hours towards licensure. Download additional copies of this page as needed from the Board's [Forms](#) page. Questions? See [online tutorial](#).

Name of Applicant:		Email:	
Name of Facility/Training Site:		Phone:	
Address:		City & State:	
Dates of Supervised Experience	From:	To:	
Applicant's working title:			
Term/Class number/title in which you received academic credit for this experience (e.g., Fall 2019, PSY 660 Practicum)*:			

**Note: If academic credit was not received for this experience, please attach an explanation.*

See [online tutorial](#) for explanation of the following categories of hours.

- _____ Total Number of Supervised Experience Hours
- _____ Total Hours of Direct Patient/Client Contact
- _____ Number of Hours Worked per Week (no more than 40 hrs/week can be given credit)
- _____ Total hours of face-to-face supervision distributed as follows: (at least 2 hours for every 20 hours worked)
 - _____ Total Hours of Individual Supervision (at least 1 hour for every 20 hours worked)
 - _____ Total hours of Group Supervision (maximum 50% of total face to face supervision)
- _____ Hours of Face to Face Supervision per Week distributed as follows:
 - _____ Hours of individual supervision per week (at least 1 hour per week)
 - _____ Hours of group supervision per week

Description of Training:

Name of Faculty Supervisor: _____

Name of Primary Supervisor: _____ Title: _____

Profession of Primary Supervisor: _____ License No. _____ State: _____

Name of Secondary/Other Supervisor: _____ Title: _____

Profession of Secondary/Other Supervisor: _____ License No. _____ State: _____

SECTION C: Verified by (To Be Completed by Doctoral Program Clinical Training Director, Faculty Supervisor, or Other Institution Official. If the school is closed, the site supervisor may complete this section):

Printed Name: _____ Address: _____

Signature: _____ City & State: _____

Title/Position: _____

Educational Institution: _____ City & State: _____

Email Address: _____