

PREINTERNSHIP SITE

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

List in chronological order each site of preinternship supervised professional experience (SPE) 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 SPE:	From:	To:	
Applicant's working title:			
Term/Class number/title in which you received academic credit for this experience (e.g., Fall 2009, 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 OVERALL Number of Supervised Professional Experience (SPE) Hours
- _____ Total Hours of Direct Patient/Client Contact (minimum 25% of total overall SPE hours)
- _____ 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 Director of Clinical Training (DCT): _____

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 DCT or Other Faculty/Program 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: _____