

**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 claiming hours. Use additional copies of this page as needed. Please review the FAQ for a detailed explanation of this form.

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 2009, PSY 660 Practicum)*:			

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

\_\_\_\_\_ 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 Training Director, Faculty Supervisor, or Other Institution Official. If the school is closed, the site supervisor may complete this section):**

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ City & State: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Institution: \_\_\_\_\_ City & State: \_\_\_\_\_

Email Address: \_\_\_\_\_