

The Professional School of Psychology
Doctoral Internship / Masters Practicum Contract

This contract must be approved by PSP before work begins

Student Name _____ Best # () _____

Student Address _____ City: _____ Zip: _____

Name of Placement _____ Type of Population Served _____

Address _____ City: _____ Zip: _____

Telephone () _____

The Primary Supervisor will be: _____ Mental Health Lic # _____

Description of Activities / Hours Per Week

The expectation of the Professional School of Psychology is that the student will spend at least 80% of overall time in the direct delivery of psychotherapeutic service. Anticipated weekly hours:

Individual Psychotherapy _____
Psychotherapy with Couples _____
Psychotherapy with Families _____
Psychotherapy with Children _____
Group Psychotherapy _____
Testing & Assessment _____
Intakes _____
Consultations _____

The expectation of the Professional School of Psychology is that the student will spend no more than 20% of overall time in supervision, training, and other activities. Anticipated weekly hours:

Individual supervision with primary supervisor _____
Group Supervision with primary supervisor _____
Individual supervision with delegated supervisor _____
Group supervision with delegated supervisor _____
Training activities _____
Staff meetings _____
Administrative duties _____
Other professional activities (describe) _____

ANTICIPATED TOTAL NUMBER OF HOURS OF SUPERVISED EXPERIENCE PER WEEK _____

ANTICIPATED NUMBER OF WEEKS _____

STIPEND AMOUNT IF APPLICABLE \$ _____ per _____

ANTICIPATED START AND END DATES OF CONTRACT _____

Student (required) _____
Signature _____ Print name _____ Date _____

Primary Supervisor (required) _____
Signature _____ Print name _____ Date _____

Agency Training Director (required) _____
Signature _____ Print name _____ Date _____

PSP Director of Field Placement Approval (required):

Signature _____ Print name _____ Date _____