**University of Victoria Clinical Psychology Practica Application Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID:

*Circle one*: PSYC 503, 505, 603

Program: CLS CN Program: MSc PhD Year entered current program:

Course requirements: [*√ check each course as completed or in progress (X means you don’t need it)]*

 503 505 603\*

 Clinical Psychology Clinical Intervention Advanced Clinical

PSYC 556 \_\_\_\_\_\_ \_\_\_\_\_

PSYC 581/582 \_\_\_\_\_

PSYC 583 \_\_\_\_\_\_ \_\_\_\_\_

PSYC 584 \_\_\_\_\_

PSYC 585 \_\_\_\_\_

PSYC 589 X \_\_\_\_\_

PSYC 503 X \_\_\_\_\_

PSYC 506B test mastery (CN) X X \_\_\_\_\_

PSYC 505 X X \_\_\_\_\_

Clinical Candidacy Exam X X \_\_\_\_\_

PSYC intervention class

 (specify:\_\_\_\_\_\_\_\_\_\_\_\_) X

PSYC 506A X

\*Courses recommended for Advanced Clinical Practica 603:

(Note: Although the program does not require all of these courses to be completed before your 603, some practicum sites do.)

 With a Neuropsychological Assessment focus: 545 & 506B, **and** either 546A or 546B, **&** 506a (CN assessment) and either 547/549

 With a Clinical Intervention focus: 586A, 506A (therapy), 2 of following: (i) 594, (ii) 588, (iii) 593, (iv), 595, (v) 596

Previous practicum placements:

Clinical experiences in courses:

**Practicum Application Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(for each line check the appropriate column)** | **None** | **503** | **505** | **603** |
| Completed (include month/yr): |  |  |  |  |
| Currently In (include site name): |  |  |  |  |
| Applying for: |  |  |  |  |
|  | **May-Aug** | **Sept-Dec** | **Jan-April** |  |
| Term your current practicum will be completed (include month you are aiming for) |  |  |  |  |
| Desired start time for practicum applying for (indicate preferred month as well)\* |  |  |  |  |
|  | **Children** | **Adolescents** | **Adults** | **Older Adults** |
| Ideal: population you hope to work with (indicate preference through rank ordering 1-4 all options) |  |  |  |  |
| **For 603 ONLY** | **Therapy/****Rehab** | **Asst** | **Both** | **Other (specify)** |
| Ideal: clinical services focused on |  |  |  |  |
| **For students applying for your first external practicum** **only** (external to the Psychology Clinic). | **Yes** | **NO** |  |  |
| Have you attached the 503 Supervisor Support form? |  |  |  |  |
| **Future Plans:** | **Term/year** |  |  |  |
| When do you hope to **start** your next practicum (the one after the one you are applying for) |  |  |  |  |
|  | **YEAR** |  |  |  |
| What year do you hope to **start** your internship (note: NOT the application process but the actual internship  |  |  |  |  |

\*Note: We cannot promise that there will be practica available for each of these time periods. Many of the practica only start at certain times of year.

Practicum preferences (in order of preference):

SITE TERM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

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Comments from Faculty re: Clinical Readiness (*to be completed by faculty Supervisor or Director of Clinical Training):*

I have read and approved this application. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Faculty Supervisor signature

\*Please note that if you are applying for a practicum site outside of Victoria, you may be eligible to apply for Strategic Framework Experiential Learning Funds (<https://www.uvic.ca/vpacademic/awards/experiential-learning-fund/index.php>).

Please connect with the practicum coordinator for more information.

**Approval External Practicum**

**(503 Supervisor Support RE: Applying for External Practicum)**

Prior to applying for an external practicum placement, the student must have:

1. Discussed their plans with their Psychology 503 clinical supervisors at the UVic Psychology Clinic and have them sign this form, supporting the application. The 503 clinical supervisors will only support the application *if they believe the student can realistically complete their 503 Clinic Practicum prior to the anticipated start date of the external practicum.*
2. Turned this form in to the Practicum Coordinator.

**External practicum** = any practicum done away from the Psychology Clinic (505 OR 603 practicum)

**KEY:** No student is to start an external practicum until they have completed all of the assessments required for the 503 practicum at the clinic. Specifically, final reports for all assessments must be completed, signed and on the clients’ files before a student starts their next practicum. Due to the difficult nature in scheduling some feedback sessions, it is allowable for 1 or 2 feedback sessions to be outstanding. However, these should be scheduled in a timely manner to minimize the overlap between the 2 practica.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

We have reviewed the progress of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) in the Psychology Clinic 503 practicum. We agree that the student has met the above criteria and is ready to apply for an external practicum starting in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (tentative date of month and year for start of the external practicum).

Also, we have discussed the completion requirements with the student and they understand that they will not be allowed to start the external practicum until all of their Psyc 503 assessments are completed *including* all assessment reports being completed, signed and in the clients’ files.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Psychologist Clinic Director

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_