**Note:** This form must be completed and returned to the UNT Counseling Psychology External Practicum Coordinator by the student upon agreeing to serve in a clinical capacity in a research context. The student is required to complete this form again if any changes to the agreed training activities occur during the practicum period (e.g., change in the supervisor, the amount of supervision, weekly practicum hours, etc.). Any major changes must be approved by program faculty.

Student Name:

Name of the Research Study:

IRB Approval Number for the Research Study:

Research Practicum Site (Full Name):

Address of the Research Practicum Site:

Research Practicum Site Director/Coordinator Name:

Research Practicum Site Director/Coordinator Email:

Research Practicum Site Stipend, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Start Date (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_

Agreed Practicum Hours Per Week: \_\_\_\_\_\_\_\_\_ Individual Supervision Hours Per Week: \_\_\_\_\_\_\_\_\_

Practicum Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

*The section below must be filled out by the on-site supervisor (MUST BE A LICENSED PSYCHOLOGIST). If a change in supervisor is anticipated, please include the anticipated on-site supervisor.*

**Note:** Signing below signifies your supervisory status with the practicum student whose name is printed on this form and confirms your agreement to (1) provide weekly supervision; (2) conduct direct observation of the student’s clinical work (e.g., in-room, one-way mirror, audio-video recording, etc.) at least once each semester; and (3) complete an evaluation form on the student’s performance to be sent to the UNT Counseling Psychology Program at the end of each semester. It is the student’s responsibility to notify the program of any change in supervisory status.

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title at the Research Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Texas License #: \_\_\_\_\_\_\_\_ Telephone & Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title at the Research Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Texas License #: \_\_\_\_\_\_\_\_ Telephone & Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

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| Return the original\* or a scanned copy of this form with all signatures to:  | Irais D. Anderton Chavez, Ph.D. (Irais.Andertonchavez@unt.edu) External Practicum Coordinator |
|  | Counseling Psychology Program, Department of Psychology |
|  | 1155 Union Circle #311280 |
|  | Denton, Texas 76203 |

\*Copies of this form may be kept by the student and/or the supervisor for their records.