**University of North Texas Counseling Psychology Program**

**External Practicum Supervision Information Form**

**Note:** This form must be completed and returned to the UNT Counseling Psychology External Practicum Coordinator by the student upon acceptance of an external practicum position. The student is required to complete this form again if any changes of agreed training activities occur during the practicum period (e.g., change in the supervisor, the amount of supervision, weekly practicum hours, etc.).

Practicum Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Site (Full Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of the Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Site Director/Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Individual Supervision Hours Per Week: \_\_\_\_\_\_\_Hours

Practicum Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The section below needs to be filled out by the on-site supervisor (MUST BE A LICENSED PSYCHOLOGIST) or the practicum director/coordinator at the site if the supervisor has not been identified/assigned yet.*

**Note:** Signature below signifies your supervisory status with the practicum student whose name is printed in this form and confirms your agreement to (1) provide weekly supervision to this student; (2) conduct direct observation on 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 student’s performances and send it to the UNT Counseling Psychology Program in the end of each semester. It is the student’s responsibility to notify the program of any change in supervisory status.

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title at the 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 : | Ed Watkins, Ph.D. ([Clifton.Watkins@unt.edu](mailto:Clifton.Watkins@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.

The Doctoral Program in Counseling Psychology at the University of North Texas is accredited by the American Psychological Association, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242. 202-336-5979 Email: [apaaccred@apa.org](mailto:apaaccred@apa.org) Web: [www.apa/org/ed/accreditation](http://www.apa/org/ed/accreditation)