

Appendix D

University of North Texas Clinical Psychology Program External Practicum Supervision Notification Form

Note: This form must be completed and returned to the UNT Clinical Psychology External Practicum Coordinator upon initiation of an external practicum and upon any change in the supervision at the site (either a change in the supervisor or in the amount of supervision to be received).

Practicum Student Name: _____

Practicum Site: _____

Duration of Practicum: Start Date:

End Date:

Practicum Hours Per Week: _____

Supervision Hours Per Week: _____

Supervisor Name: _____

Mailing Address of Supervisor: _____

Telephone: _____

ON-SITE SUPERVISOR (MUST BE A PSYCHOLOGIST) TO FILL OUT THIS SECTION

Note: THIS IS NOT A CONTRACT. Signature below signifies only your current statement of supervisory status with the practicum student and identifies you to the UNT Clinical Program and your agreement to provide feedback to the student and the program director at regular intervals. It is the student's responsibility to notify the UNT Clinical Program of any change in supervisory status.

Supervisor Signature: _____ Date: _____

Texas License #: _____ Supervisor's Email Address: _____

Return the original* of this form to:

Randall J. Cox Ph.D.
External Practicum Coordinator
Clinical Program
Department of Psychology
1155 Union Circle #311280
University of North Texas
Denton, Texas 76203

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

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