

# UNT Counseling Psychology Program

## 4<sup>th</sup> Year (and beyond) External Practicum Verification

*The purpose of this form is to check students' eligibility for external practicum, identify their practicum placements, verify arrangements with external sites, and gather information that will be needed to report to APA and for the next program re-accreditation self-study. Please consult with Dr. Anderton Chavez regarding external practicum. Dr. Anderton Chavez will need this before you can get a code to register for external practicum.*

Student: \_\_\_\_\_ Program Year: \_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Planned start date: \_\_\_\_\_ Planned end date: \_\_\_\_\_

Number of semester hours registering for: \_\_\_\_\_

Yes No Completed all requirements through 3<sup>rd</sup> year practicum sequence.

Yes No Thesis (5950) or 6610 completed and filed.

Thesis/6610 Chair: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print)

### Planned external practicum site:

Site: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Contact information for supervising psychologist at planned site: (please print)

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Yes No Affiliation Agreement in place If No, please include.

Yes No Description of supervision model on file If No, please include.