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 to the 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:

Practicum Site Director/Coordinator Email:

Anticipated Start Date (mm/dd/yyyy): __________  End Date (mm/dd/yyyy): __________

Agreed Practicum Hours Per Week: _______ Hours

Individual Supervision Hours Per Week: _______ Hours

Practicum Student Signature: __________________________ Date: __________

The section below must 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:** 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 to this student; (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 and send it 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.

Supervisor Name: ___________________________ Title at the Site: ___________________________

Texas License #: ________  Telephone & Email: ____________________________

Supervisor Signature: ___________________________ Date: __________

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.

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  Web: www.apa.org/ed/accreditation

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