



INTERNSHIP EQUIVALENCY QUESTIONNAIRE FORM

This form is used to gather the necessary information and verification from your internship director, which will be used to assess equivalency for non-accredited internships as outlined in 18VAC125-20-54(E).

TO BE COMPLETED BY APPLICANT (INTERN): Complete the top portion of this form only.

Last Name:	First Name:	Middle/Former Name:
Date of Birth: (MM/DD/YYYY)		Last 4 digits of Social Security Number: XXX-XX- ____ _
Email Address:		

TO BE COMPLETED BY THE INTERNSHIP TRAINING CLINICAL DIRECTOR: Please provide official verification of information requested below. The completed form containing a wet/original or verifiable electronic signature can be emailed directly to the Board at psy@dhp.virginia.gov or returned to the applicant for inclusion in their online application being submitted to the Virginia Board of Psychology.

Part I: Director of Internship

Internship Facility Name:	
Internship Facility Address:	
Start Date: (MM/DD/YYYY)	End Date: (MM/DD/YYYY)

Part II: Internship Program Information *(If necessary, please provide an attachment if additional space is needed.)*

Provide the clinical psychologist's name and license number who is responsible for the integrity and quality of the internship training program.

Last Name:	First Name:	State Licensed:	License Number:
Did the above clinical psychologist provide direct supervision on onsite for a minimum of 20 hours per week?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Provide the names of the designated doctoral-level psychologist who served as primary supervisor?

Last Name:	First Name:	State Licensed:	License Number:
Last Name:	First Name:	State Licensed:	License Number:
Last Name:	First Name:	State Licensed:	License Number:

Part III: Internship Equivalency *(If necessary, please provide an attachment if additional space is needed.)*

1. How many total hours of internship experience was completed by the applicant?	
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2. What percentage of time did the applicant provide face-to-face psychological services to patients/clients?		
3. How many hours of supervision did doctoral level psychologist provide to the applicant every 20 hours of services rendered directly by the applicant?		
4. Was the supervision provided in-person and/or remote?	<input type="checkbox"/> In-Person	<input type="checkbox"/> Remote
5. If supervision was provided remotely, provide explanation of why telecommunication technology was used.		
6. How many hours per week did the applicant receive didactic activities such a case conferences, seminars, in-service training, or grand rounds?		
7. How many times per year did the internship program conduct formal written evaluations of the intern's performance?		
8. How many other interns at the predoctoral level did the program have at the time the intern completed the internship?		
9. If there were no other doctoral psychology interns at the program during the internship experience, describe opportunities for peer interaction with any other trainees in other mental health professions that may have been a part of the internship experience.		
10. What title or designation did the applicant use during their internship?		
11. Did the applicant complete a formal academic coursework and practicum prior to starting the internship?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Did the internship precede the granting of the doctoral degree?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Did your doctoral program accept the completion of the internship experience as meeting their requirements for your internship experience?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Did your internship program issue a certificate of internship completion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Did the internship agency have a written statement or brochure that provided a clear description of the nature of the training program, including the goals and content of the internship and clear expectations for quantity and quality of the trainee's work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Was the written statement or brochure made available to prospective interns?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Please describe how the applicant was fairly compensated for their services during the internship?		

18. Provide the range of services the applicant provided to clients while in the internship.

19. Describe how the internship offered a planned sequence of training that moved from less developed clinical skills to the higher-level skills by the end of the internship. Your response should include the goals, objectives, plan, sequence of direct service experiences, training curriculum and how the training program is integrated into the larger organization.

20. Describe the internship due process procedures that dealt with (1) concerns about the intern performance, and (2) interns' concerns about training?

Part IV: Attestation of Director of Clinical Training

I, _____ declare by my signature, to the best of my knowledge the foregoing is true and correct.

Signature of Director of Clinical Training

Date

Wet/Original or Verifiable Electronic Signature Only

03/2025 Internship Equivalency Questionnaire Form