

VERIFICATION OF PRE-DOCTORAL SUPERVISED PRACTICUM HOURS

This form is optional

The supervised post-doctoral residency in clinical psychology shall be a minimum of 1500 hours in a period of no less than 12 months and not to exceed 3 years, as required for licensure in Regulation 18VAC125-20-65 B. However, an applicant may fulfill the residency requirement, or some part thereof, in the pre-doctoral practicum supervised experience as prescribed in Regulation 18VAC125-20-54.D, by reporting the hours of experience, as certified by the program director, on this form. A minimum of one hour of individual face-to-face and group supervision must be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities during the practicum. Please refer to 18VAC125-20-54D3 for definitions.

This form must be completed by the doctoral program's Director of Clinical Training and returned to the applicant in a sealed envelope.

TO BE COMPLETED BY THE APPLICANT

Last Name	First Name	M.I.	Maiden or Other
Site Where Practicum Took Place (Business Name, Street, City and Zip Code required)			
Applicant's Student ID Number		Applicant's Social Security Number or VA DMV Number	

TO BE COMPLETED BY THE DOCTORAL PROGRAM'S DIRECTOR OF CLINICAL TRAINING

Starting Date of Practica Training (mm/yyyy):	End Date of Practica Training (mm/yyyy):
A: Total Number of Practicum Hours in "Face-to-face direct client services" (must be a minimum of 375 hours to fulfill the complete residency requirement):	B: Total Number of Practicum Hours in "Service-related activities" (A + B must be no less than 750 hours to fulfill the complete residency requirement):
C: Total Number of Practicum Hours in "Supporting activities" (includes D):	D: Total Number of Hours of Individual Face-to-Face And/ or Group Supervision Obtained During Practicum (must be no less than 1/8 of A+B): Individual _____ Group _____
E: Total Number of Practicum Hours Credit Requested (A+B+C must total no less than 1500 hours to fulfill complete residency requirement; those with less than 1500 may fulfill the remainder according to 18VAC125-20-65-B):	
I certify, to the best of my knowledge, that the information provided for this applicant's pre-doctoral practicum is complete and accurate.	
Title _____	
Signature _____ Date _____	