

UNIVERSITY OF HARTFORD
GRADUATE INSTITUTE OF PROFESSIONAL PSYCHOLOGY

Academic
Year _____
Summer _____

Clinical Practicum Agreement

1. **Parties:** This Agreement is entered into by the following parties:

Trainee: _____
who is a student in good standing in the Psy.D. Program at the University of Hartford's Graduate Institute of Professional Psychology
 2nd Year 3rd Year 4th Year

Agency Name _____
Dept./Unit _____
Mailing Address _____
City, State, Zip _____

Primary Supervisor: _____ **Degree** _____
Phone _____ Licensure, State(s) & # _____
E-Mail _____

Supervisor 2: _____ **Degree** _____
Phone _____ Licensure, State(s) & # _____
E-Mail _____

Supervisor 3: _____ **Degree** _____
Phone _____ Licensure, State(s) & # _____
E-Mail _____

Agency Training Director: _____ **Degree** _____
Phone _____ Licensure, State(s) & # _____
E-Mail _____

GIPP Seminar Leader _____
Associate Director, GIPP Kelly T Weber, Psy.D. 860-768-5227 Weber@hartford.edu

2. **Duration:** This Agreement will be in effect over the course of the training period:

Start Date _____ End Date _____ Total # weeks _____ **A**

Minimum: September to May or September to June at school sites

3. **Weekly Schedule:**

	<i>Fall Semester</i>		<i>Spring Semester</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Required 16-20 hours/week

Total hours/week _____ **B**

4. **Vacation Time** _____

Total hours vacation _____ **C**

5. **Total hours for year (A x B)-C =** _____

6. **Scheduling commitments:** The student affirms that the above practicum schedule does not conflict with any other academic commitments at the University of Hartford and is a priority for the student's attendance.

7. **Training goals & objectives:**

8. **Activities for meeting goals & objectives:**

9. **Supervision:**

	<i>Hours/week</i>	<i>Type of Supervision</i>	<i>Area of Supervision</i>
Primary Supervisor			
Supervisor 2			
Supervisor 3			

(Minimum: A total of at least 2 hours of supervision/week required)

10. **Additional learning activities (seminars, in-service, rounds, research)**

11. **Psychodiagnostic materials available**

12. **Agency consent for release of case information:** The agency will allow the student to use psychological assessment data and other clinical information obtained at the agency to fulfill course work requirements, to make clinical case presentations in program seminars, and to complete Qualifying Exams. The student will discuss any such uses of clinical material with the primary supervisor in a timely manner. It is the student's responsibility to follow proper procedures for obtaining informed consent from the client for release of information, for maintaining client confidentiality, and for final disposition of the materials.

13. **Agency consent for release of audio/visual case information:** The agency will allow the student to use audio- or videotape samples of clinical work for academic purposes, following the same procedures as outlined in Item 12.

14. **Employment:** The student is not a current or former employee of the agency.
or An exception has been granted by the Director of Practicum Training for the following reason:

15. **Previous practicum:** The student has not engaged in a previous practicum at this agency.
or An exception has been granted by the Director of Practicum Training for the following reason:

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16. **Stipend:** \$ _____/Year
17. **Is an additional contract or application between the site and the University of Hartford required?**
 _____ if yes attach to this agreement.
18. **Background Check:** Will the student be required to have a background check? _____
19. **Flu Shot:** Will the student be required to have a flu shot, PPD or other vaccination?

20. **Taping Restrictions** _____.

If yes which please explain _____

21. **NPI#:** Will student be required to have a NPI# _____
22. **Evaluations:** The supervisors agree to complete the evaluation forms for the student trainee at the end of each semester. The evaluation for each semester must be based in part on **direct observation** of the student by the immediate supervisor. Direct observation includes in-person observation, live video streaming, or video recording, and the basis of the evaluation must be so noted on the evaluation form.
23. **Liability insurance:** For the entire period covered by this Agreement, the student agrees to maintain professional malpractice insurance in the amount of \$1,000,000 per incident and \$3,000,000 aggregate per year.
24. **Other stipulations:**

25. **Date:** This Agreement is entered into on this _____ day of _____

Signatures:

Student

Primary Supervisor

GIPP Seminar Leader

Supervisor 2

**GIPP Associate Director/Coordinator of
Practicum Training**

Supervisor 3

Agency Training Director, if applicable