Counting Research/Clinical Experiences as Program-Sanctioned Hours

(program-sanctioned hours must be pre-approved)

Student Name: ___________________________   Degree/Year (e.g., M.A., II) ________

Location of Anticipated Setting: _____________________________________________

Volunteer Experience □       Paid Experience □

*NOTE: According to APPIC, paid assessment hours cannot be counted as program-sanctioned hours.

Anticipated Start Date: _____/______  Anticipated End Date : _____/______
                       mm      yyyy  (must not be longer than 6 months from the
start date)

Approximate number of program-sanctioned hours to be accrued ________

Approximate number of hours to be spent in setting per week _______

□ The research/clinical experience involves direct (face-to-face) contact with a clinically-
relevant sample (describe sample below)

__________________________________________________________________
__________________________________________________________________

□ The provision of an intervention/treatment or assessment is consistent with evidence-
based practice.

□ The research/clinical experience involves interviewing (e.g., structured clinical
interviews), the provision of an intervention or treatment and/or the administration of
intellectual or personality assessment (describe experience below).

__________________________________________________________________
__________________________________________________________________

Please provide justification for why this particular research or clinical experience should
be counted as program-sanctioned hours (append no more than 1 additional page if
necessary)

__________________________________________________________________
__________________________________________________________________

□ The intended supervisor, ______________________, agrees with the student’s
justification and will provide supervision for this experience.

______________________________________________________________
Supervisor’s Signature
The intended supervisor is a doctoral-level psychologist registered with the College of Psychologists of Ontario.

The experience will involve regular supervision (ideally maintaining the 4:1 ratio that is required of practicum experiences).

The hours will be documented by the student and verified by intended supervisor.

The thesis supervisor agrees that the student is meeting or exceeding objective benchmarks for his/her thesis or dissertation progress.

___________________________
Thesis Supervisor’s Signature

The student is carrying professional liability insurance.¹

Initial Approval: The Director of Clinical Training (DCT) has approved the proposed research/clinical experience. The student may count the proposed research/clinical experience as program sanctioned hours. This approval will expire in six months on ___/___/_____.

Date                                    DCT Signature

Final Approval: Students must submit a log and tally of their hours co-signed by their clinical supervisor. The following hours have been appropriately documented and verified and may be counted as program-sanctioned hours.

Intervention _____  Assessment _____  Supervision _____

Date                                    DCT Signature

¹ Note: Coverage for professional liability insurance through BMS (http://www.cpa.ca/insurance/business), or another carrier, is on a claims-made basis (i.e., the insurance will respond to claims made during the policy term). As such, students should continue obtaining coverage throughout the tenure of their career.