

WESTERN UNIVERSITY  
London, Ontario Clinical Psychology Program  
**INTENDED CLINICAL TRAINING MILESTONE (ICM) FORM**

**Categories of clinical training milestones**

**Which milestones are covered by Western's Insurance?**

**General Section**

**Student Name:** \_\_\_\_\_

Degree/Yr when practicum starts (e.g., PhD 2): \_\_\_\_\_

**Type of Clinical Milestone (Check one)**

Psychological Assessment Practicum (**skip page 3**)

Clinical Practicum ( <b>skip page 3</b> )	Paid	Unpaid
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Program-sanctioned (PS) clinical work in a research setting	Paid	Unpaid
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PS clinical work in a community-based health/social service agency	Paid	Unpaid
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**Setting:** \_\_\_\_\_

Service/program within setting (if applicable): \_\_\_\_\_

**Clinical Supervisor (or trainer):** \_\_\_\_\_

Is this person a Registered Doctoral Level Clinical Psychologist? Yes      No

**If NO,**

- You must receive training (i.e., not 'supervision') from a licenced mental health professional.
- What is your trainer's profession? \_\_\_\_\_
- What is their highest degree level in this profession? (e.g., BA/BSc, MA/MSc, PhD) \_\_\_\_\_

**Anticipated Start Date:** Dy\_\_\_\_/Mo\_\_\_\_/Yr\_\_\_\_ **Anticipated End Date:** Dy\_\_\_\_/Mo\_\_\_\_/ Yr\_\_\_\_

Note: For PS milestones, the end date may not be longer than 6 months from start date.

Is this essentially an extension of a current/previous PS milestone? Yes No

**How many hours per week in placement?** \_\_\_\_\_

**How many anticipated direct hours in total?** \_\_\_\_\_

**These hours will be delivered (check one option):**

In-person Virtually Both in-person and virtually

**Will this be concurrent with another practicum (or practica) or PSHs?** Yes No

**IF YES,**

- What is/are other placement(s)? \_\_\_\_\_
- Indicate the date(s) of the overlap(s) \_\_\_\_\_
- Indicate how many hours per week total you will be in placements during the overlap(s) \_\_\_\_\_

**Is this a modification of an earlier ICM?** Yes No

(If yes, **bold** the changed element)

Indicate (check) whether you have taken or are currently taking each of the following courses. If you plan to take a course within the year, indicate the term.

	Taken		If plan to take within the year	
9902A+ 9903B Lifespan Psychopathology I and II	Yes	<input type="checkbox"/> No	Fall term	Winter Term
9320A/B Psychotherapy Approaches	Yes	No	Fall term	Winter Term
9321A/B Cognitive-Behavioral Therapy 9322A/B	Yes	No	Fall term	Winter Term
Interventions with Children	Yes	No	Fall term	Winter Term

## Request to count Research/Clinical Experiences as Program-Sanctioned Hours (PSH)

*Skip this section if this you plan to do a Practicum*

The Research/Clinical experience involves direct (face-to-face) contact with a clinically-relevant sample. (Describe sample below)

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 program-sanctioned hours. (Describe experience below)

**Please justify why this research or clinical experience should be counted as program-sanctioned hours. (Append no more than 1 additional page if necessary)**

The intended clinical supervisor (or, if not a registered doctoral level psychologist, clinical trainer), agrees with the student's justification and will provide supervision/training for this experience.

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

The student is carrying professional liability insurance.<sup>1</sup>

### **<sup>1</sup>Note:**

This may be relevant for **paid clinical work** in a **non-UWO** setting or **paid clinically-relevant research assistant work** in a **non-UWO** setting. Students should check with their prospective employer to see whether their employer's workplace insurance covers their work as an employee.

Coverage for professional liability insurance through BMS, or another carrier, is on a claims-made basis (i.e., the insurance will respond to claims made during the policy term). As such, once started, students should continue obtaining insurance coverage throughout the tenure of their career.

For details about professional liability insurance coverage for Clinical training activities, [click here](#).

### Certification and Signature page

*(To be completed for Intent to Register in a Practicum **and** Requests for Program-Sanctioned Hours)*

The intended supervisor is a doctoral-level psychologist registered with a provincial or US state regulatory body. If not...

The intended trainer is a licensed mental health service provider registered with a provincial or US state regulatory body. That profession is: \_\_\_\_\_

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

Part of the training/supervision will involve the supervisor's (or trainer's) observation (direct, or by audio or video recordings) of the trainee's clinical work.

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

Supervisors/trainers ideally will be on site when their students are providing services. If not, they will be available (via telecommunication) and, ideally, designate an on-site registered mental health service provider as a back-up.

Following from above. The student will not be alone with clients in the setting. As a safety precaution, at least one staff member will be immediately accessible whenever the student is seeing clients.

_____ Student Name	_____ Student Signature	_____ Date
_____ Clinical Supervisor Name or Clinical Trainer Name	_____ Clinical Supervisor Signature Or Clinical Trainer Signature	_____ Date
_____ Research Supervisor Name	_____ Research Supervisor Signature	_____ Date
_____ Clinical Practicum Coordinator or 9901 Instructor Name	_____ Clinical Practicum Coordinator or 9901 Instructor Signature	_____ Date
_____ Co-Clinical Supervisor Name (if applicable)	_____ Co-Clinical Supervisor Signature (if applicable)	_____ Date