

WESTERN UNIVERSITY
London, Ontario Clinical Psychology Program
INTENT TO REGISTER (ITR) IN A PRACTICUM OR REQUEST FOR PROGRAM-SANCTIONED HOURS (PSH)

[Instructions for completing this form](#)

[Numbering conventions for clinical practica and program-sanctioned hours](#)

General Section

Student Name: _____ Degree/Yr when practicum starts (e.g., PhD.2): _____

Practicum Course Number (e.g., Psych9805Y) _____ (Complete **General section** and **Signature page**)

OR

Program Sanctioned Hours (e.g., PSH01): _____ (Complete **General section, Request for PSH** and **Signature page**)

Anticipated Setting (and service, if applicable): _____

Anticipated Clinical Supervisor: _____

Anticipated Start Date:

Anticipated End Date:

Note: For PSH: End date may not be longer than 6 months from start date. Is this essentially an extension of a current/previous PSH? No Yes If yes, what is the number of the current/previous PSH?

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? No Yes 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 ITR or PSH request? No Yes (If yes, **bold** the changed element.)

Indicate (with an X) 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	
9320A/B Psychotherapy Approaches	Yes	<input type="checkbox"/>	No	
9321A/B Cognitive-Behavioral Therapy 9322A/B	Yes	<input type="checkbox"/>	No	
Interventions with Children	Yes	<input type="checkbox"/>	No	
			Fall term	Winter Term
			Fall term	Winter Term
			Fall term	Winter Term
			Fall term	Winter Term

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

Skip this section if this is an Intent to Register in a Practicum

Volunteer Experience

Paid Experience

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 provide justification for 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, _____, agrees with the student's justification and will provide supervision 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.¹

¹Note: 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, students should continue obtaining coverage throughout the tenure of their career. This additional coverage is **not** needed for research-related clinical activities on campus.

Signature page

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

- The intended supervisor is a doctoral-level psychologist registered with a provincial or US state regulatory body.
- 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 clinical supervisor.

Student Name	Student Signature	Date
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Clinical Supervisor Name	Clinical Supervisor Signature	Date
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Research Supervisor Name	Research Supervisor Signature	Date
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Clinical Practicum Coordinator* or 9901 Instructor Name	Clinical Practicum Coordinator or 9901 Instructor Signature	Date
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Co-Clinical Supervisor Name (if applicable)	Co-Clinical Supervisor Signature (if applicable)	Date
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* Starting Sept. 2021, Program Sanctioned hours are approved by the Clinical Practicum Coordinator (rather than the Clinical Program Director).