

SPALDING UNIVERSITY – SCHOOL OF PROFESSIONAL PSYCHOLOGY
PRACTICUM AGREEMENT FORM + SUPERVISION AGREEMENT FORM

SPPP

Student Name: Kelsey Boyea

Cell Phone: 920-246-9244

Practicum Level: P3

Email Address: Kboyea@spalding.edu

Practicum Dates: August 2018 - July 2019

Practicum Site: The Healing Place
Site Supervisor: Dr. Allison Borden
Phone: 502 592-1736

Email: ct.louisville@gmail.com

Practicum Activities & Frequency:

1. Review & adherence to:
 - a. The School of Professional Psychology's Graduate Practica Program Policies and Procedures, including completion of evaluations on same time table as full practicum, and at least one live or videotaped observation of student performance by site supervisor per each evaluative period (per new APA guidelines).
 - b. APA's Ethical Principles of Psychologists and Code of Conduct
 - c. The US Department of Health & Human Services' National Standards to Protect the Privacy of Personal Health Information (HIPAA)

2. Direct and indirect therapeutic/professional services to include: (Cross out if only assessment supplemental)
Group and individual therapy
 - a. A total of 36 (minimum) total hours is the goal by the end of the supplemental experience.

3. ~~Number and type of assessments to be conducted: (cross out if only therapy supplemental)~~

4. Supervision is determined based on the amount of time spent on site each week. It is the Graduate Student's responsibility to negotiate this with the Site Supervisor and Clinical faculty member:
 - a. State amount per week and type of supervision (individual, group, etc.)
Group supervision every 2-3 weeks

5. Entry of all practicum site experience and time in the Time2Track (T2T) Data Tracking System.
 - a. All practicum data must be entered into this system on a weekly basis.

This form must be completed, signed, and returned to the Director of Clinical Training before the student practicum placement is final. Once the DCT signs them, a copy will be emailed back to the site supervisor. Any changes to this contract must be submitted to the Director of Clinical Training.

Student Signature: Kelsey Boyea

Date: 8/16/18

Supervisor Signature: Signature below confirms practicum site is compliant with all state and federal guidelines and regulations (e.g. HIPAA, informed consent, etc.), and license is current.

[Signature]

Date: 8/20/18

Director of Clinical Training Signature: [Signature]

Date: _____