

Approval of "Program-Sanctioned" Hours

Our MA/PhD in School and Applied Child Psychology has been developed to provide sufficient supervised clinical hours through formal practica to meet standards for CPA accreditation and registration with the College of Psychologists of Ontario (CPO). However, some students may engage in clinical experiences above and beyond these practica for one or more of the following reasons:

- 1) The student and/or program identifies a **gap in the student's training** that needs to be filled;
- 2) Through volunteerism or clinical research, the student is involved in **supervised clinical experiences that are not officially associated with the program**; or
- 3) The student seeks to **strengthen his/her credentials in preparation for internship** applications or future employment.

Program-Sanctioned Hours

The APPIC internship application allows "program-sanctioned hours" to be added to official practicum hours in a student's application. These hours accrue in a variety of contexts: agency/clinic, private practice, hospital, school, etc., and may be paid or unpaid. A minimum number of hours is not required, and students may work any amount of time (e.g., 2-week block of full-time work, 1 day/week for 4 months, etc.) that is consistent with university policies, and does not interfere with their ability to progress as expected toward completion of their MA and PhD. As part of the APPIC application process, the director of clinical training must confirm in writing that the student has completed the number of hours reported in his or her application.

Criteria for these program-sanctioned hours include:

- o The activity must be a valid clinical experience providing Psychological Service(s) as defined in the CPO Standards of Practice (i.e., not clerical or research assistant work for a psychologist), but may include clinical work in the context of a research project under certain circumstances
- o It must be supervised by a licensed/registered psychologist who assumes professional responsibility for the work completed by the student
- o The amount of supervision will depend on experience of the student and the nature of the work, but should approximate that of an official Practicum
- o The Supervisor will complete and sign a brief evaluation form to confirm the number of hours worked by the student, and to indicate that the work was satisfactory
- o The activity should be approved in advance by the Director of Clinical Training, whenever possible, using the *Advanced Approval of Clinical Experiences* form. Final number of hours worked, and evaluation must then be submitted when the work is completed, using the *Program-Sanctioned Hours Approval* form. With implementation of this process, some activities already completed or in process may be approved retroactively, using the *Advanced Approval of Clinical Experiences* form.
- o Hours should be documented in detail as per APPIC (www.appic.org) categories.

ADVANCE APPROVAL OF CLINICAL EXPERIENCES

Student Name:

Student E-Mail:

Student #:

Reason for Additional Clinical Experience:

Name and Address of Clinical Activity Site:

Nature of Clinical Activity:

Projected number of *Total* Clinical Hours to be Completed:

Name of Registered Supervisor:

Frequency and Nature of Supervision
(e.g., face-to-face, individual):

Program-Sanctioned Hours Clinical Experience Checklist

	Yes	No
Is the activity a valid clinical experience in Psychological Service(s) as defined in the CPO Standards of Practice?	<input type="checkbox"/>	<input type="checkbox"/>
Is the activity supervised by a CPO-registered psychologist who assumes professional responsibility for the work?	<input type="checkbox"/>	<input type="checkbox"/>
Does the ratio of planned supervision to direct clinical hours approximate what is required during an official practicum?	<input type="checkbox"/>	<input type="checkbox"/>
Will the Supervisor complete and sign a brief form that confirms the number of clinical hours and indicates that the work was satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>

We have reviewed the criteria for program-sanctioned hours, believe that the clinical experiences will meet the criteria, and commit to fulfilling these criteria throughout the period of clinical experiences.

Student: Date:

Psychologist Supervisor: Date:

Academic Supervisor: Date:

Decision by DCT: Approved Denied

Reason for Rejection:

Director of Clinical Training Signature: Date:

Program-Sanctioned Hours Approval (Upon Completion)

Student Name:

Student E-Mail: Student #:

Name and Address of Clinical Activity Site:

Nature of Clinical Activity:

Name of Registered Supervisor:

HOURS COMPLETED

Face-to-face Patient Contact Hours:

Supervision Hours:

Support (reports, scoring, meetings, etc.) Hours:

Total Number of Hours:
(Automatically Calculated)

Start Date of Clinical:

End Date of Clinical:

Supervisor Statement

I hereby confirm that the above student completed the stated number of clinical hours at the above-named setting under my Supervision, and that the work completed was satisfactory.

Psychologist Supervisor: Date:

Academic Supervisor Acknowledgement:

Academic Supervisor: Date:

Decision by DCT: Approved Denied

Reason for Rejection:

Director of Clinical Training Signature:

Date: