



# Graduate Program in Clinical Psychology

## Counting Research/Clinical Experiences as Program-Sanctioned Hours (program-sanctioned hours must be pre-approved)

Student Name: \_\_\_\_\_ Degree/Year (e.g., PsyD, 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 mm/ yyyy  
(typically is not longer than 6 months from the start date)

Approximate number of program-sanctioned hours to be accrued \_\_\_\_\_

Assessment \_\_\_\_\_ Intervention \_\_\_\_\_

Approximate number of hours to be spent in setting per week \_\_\_\_\_

\_\_\_\_\_ The research/clinical experience involves direct (face-to-face or electronic medium) contact with a clinically-sample (describe sample below)

\_\_\_\_\_

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

\_\_\_\_\_ The research/clinical experience involves (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).

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\_\_\_\_\_ 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 Newfoundland and Labrador Psychology Board.
- \_\_\_\_\_ 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.<sup>1</sup>

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**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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd / mmm/ yyyy

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCT Signature

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**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

<sup>1</sup> 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.