



PsyD Practicum Placement Agreement

Student:

Supervisor's Name:

Date:

Semester:

Practicum Site:

MUN PsyD Program Responsibilities

1. The MUN PsyD Program will ensure that the student shall be eligible for practicum only after satisfactory completion or concurrent enrollment in required courses.
2. The MUN PsyD Program will designate a faculty member (i.e., practicum course instructor) to serve as liaison to the practicum site.
3. The practicum course instructor will meet with each student and their practicum site supervisor at the beginning of the semester to review the practicum objectives, policies and forms to be used. The practicum course instructor will contact each supervisor at mid-point and at the end of the semester to follow-up on each student's progress. Additional face-to-face meetings can occur depending on the needs of the student.
4. The practicum course instructor will review final evaluations of the student, and in consultation with the site supervisors will assign a final grade and discuss a remediation plan if required.

Student Responsibilities

1. The student will provide the practicum site with a certificate of conduct, a PHIA training certificate, a signed oath of confidentiality and a vaccination certificate if required.
2. The student will meet with the practicum site supervisor prior to the beginning of the placement for interview. It is the student's responsibility to ensure that this meeting is scheduled within the dates identified by the practicum course instructor. The purpose of the meeting is to determine goodness of fit and begin to identify goals for the placement.
3. The student will conform to the administrative policies, standards and practices of the practicum site and to the legal and ethical standards of the profession, including professional attire, professional deportment and attendance.
4. The student will demonstrate and document the competencies required by the practicum.
5. The student will not provide services beyond the limitations of his/her competencies.
6. The student, in collaboration with the practicum supervisor and the practicum course instructor, will develop a learning agreement that integrates course requirements into the practicum experience.
7. The student will attend a weekly seminar organized by the practicum course instructor.
8. The student will notify the practicum site and practicum course instructor of illness, accident or any other situation that does not allow the student to meet the requirements of the practicum site.
9. The student will inform the Practicum Coordinator of the MUN PsyD Program of any changes to the on-site schedule.

Practicum Site Responsibilities

1. The practicum site will provide opportunities for the student to develop professional competencies appropriate to his/her level of training. Normally, it is expected that at least 50% of the total hours of supervised experience will be in service-related activities, and at least 25% in face-to-face client contact (may be virtual contact) with a *minimum of 50 direct contact hours* during the course of the semester. The practicum site will book clients for the student prior to the start of the placement whenever possible.
2. Each supervisor will provide *at least 1 hour of direct clinical supervision for every four hours of client contact*, regardless of whether supervision is conducted individually or in a group. Debriefings after group therapy sessions is also considered supervision. The practicum site also assures that *the student will receive face-to-face clinical supervision for a minimum of one hour for every day of practicum experience*. Supervision may take place in-person or virtually.
3. The practicum site will notify the MUN PsyD Program of any personal safety issues, concerns or requirements that are pertinent to the location or activities to which the student will be assigned.
4. The practicum site will accept no more students than the site staff, space and program permit. A supervisor will not normally provide concurrent supervision for more than two students.
5. The practicum site will provide the student with an orientation to site policies, standards and practices at the beginning of the practicum.
6. The practicum site will normally designate a registered psychologist to serve as the primary site supervisor under whose license the practicum student is practicing. Direct supervision may be provided by doctoral interns/residents and other regulated professionals at the site.
7. The practicum site supervisor will evaluate student competencies, oversee all student professional activities and provide guidance with respect to the student's professional development. All reports and progress notes must be co-signed by the practicum site supervisor.
8. The practicum site supervisor, in collaboration with the practicum course instructor, will complete evaluations of the student's performance using the PsyD Competency-Based Evaluation Form (including remediation plans if necessary) at the mid-point and at the end of the placement. The practicum site supervisor will meet with the student to review the completed evaluation form, *providing the student with feedback about both strengths and areas for growth*.
9. The practicum site may notify in writing to the DCT of the MUN PsyD Program the desire to terminate or cancel any student whose performance is unsatisfactory, whose personal characteristics prevent relationships within the practicum site or whose health status is a detriment to successful completion of the practicum. Prior to cancellation or termination, the practicum site and the MUN PsyD Program will consult about the proposed action.

Term and Termination of the Agreement

The term of this agreement shall extend from _____, 20__ through _____, 20__.

This experience is to be at least _____ day(s) per week (specify days and times):
_____.

Site Information

Name and address of practicum site: _____

NOTE: By signing below, you agree that you have read and agree to the conditions set out in this agreement.

Practicum Site Supervisor

Signature: _____

Name: _____

Date: _____

Phone: _____

E-mail: _____

Director of Clinical Training

Signature: _____

Name: _____

Date: _____

Phone: _____

E-mail: _____

Other Supervisor (if applicable)

Signature: _____

Name: _____

Date: _____

Phone: _____

E-mail: _____

Practicum Course Instructor

Signature: _____

Name: _____

Date: _____

Phone: _____

E-mail: _____

Student

Signature: _____ Phone: _____

Name: _____ E-mail: _____

Date: _____