York University Graduate Program in Psychology
Clinical & CD Practicum Agreement Form
(revised spring 2014)

Student Name: _____________________________  Student number: ____________________

Please circle one:

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>CD Area</th>
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<tbody>
<tr>
<td>6440P 6.0</td>
<td>6910P (Assessment Practicum)</td>
</tr>
<tr>
<td>6460P 6.0 or 3.0 (indicate which)</td>
<td>6930P (Intervention Practicum)</td>
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<tr>
<td>Optional Third Practicum</td>
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SETTING AND NATURE OF EXPERIENCE

1. **What is the nature of the setting?** (e.g., inpatient unit, children’s mental health centre, private practice, school board, etc.)

2. **What is the client population** (in terms of age group, diagnostic group, etc.)

3. What is the approximate number of clients student is expected to see?

4. What professional activities will the student be involved in?
   
a) **What types of assessments?**

   b) **What types of intervention?**

   c) **Other professional training or experience**
TIME COMMITMENT

5. When will the practicum begin and end?

__________ __________
Start date End date

6. How many days per week is the student expected to be engaged in Practicum activities? Are there any specific days/times that are necessary for student to be onsite?

SUPERVISION

7. Who will be the Primary supervisor?

*Please complete the Abbreviated CV form attached, keeping to a 2-page maximum length (required for CPA accreditation)*

8. Amount & type of supervision planned (e.g., 1 hour/week, individual, group, delegated, other professionals, interns, etc.)

9. Secondary or backup supervisor (clear back up plan in case Primary Supervisor becomes unavailable for any reason)

SIGNATURES

Supervisor Name and Setting Full Mailing Address: ____________________________
..............................................................................................................................
..............................................................................................................................
Phone: ___________________________  Email: ______________________________________
..............................................................................................................................
..............................................................................................................................

___________________________________
Signature of Practicum Supervisor

___________________________________
Signature of Student

___________________________________
Signature of Clinical or CD Area DCT
Name: ________________________________________________

Highest Degree Earned: Ph.D. _____ Psy.D. _____ Ed.D. _____ Other _____

Date of Degree: __________ University Awarding Degree: ____________________________

CPA/APA Accredited: No: ___ Yes: ___ Specialty (e.g., Clinical, Counselling, Clinical Neuropsychology) ___

Internship Completed: No: ___ Yes: ___ Year: ___ Setting _________________________________

CPA/APA Accredited: No: ___ Yes: ___ Specialty (e.g., Clinical, Counselling, Clinical Neuropsychology) ___

Licensure: No: ___ Yes: ___ Province(s): ________________________________

Primary Appointment:

Position: ______________ Setting: __________________________

Academic Position, Rank, Tenure-Status (if applicable) : ____________________________

Professional Service Delivery (list activities, responsibilities and/or positions):

____________________________________________________________________________________

Professional Honours & Recognition (e.g., Fellow of Professional or Scientific Society; Diplomate):

____________________________________________________________________________________

Member is Professional Societies/Associations: (please specify which ones) __________

____________________________________________________________________________________

Publications in Last Five Years:

Presentations to Professional or Scientific Groups in Last Five Years:

Funded Research Grants or Training Contracts in Last Five Years (include funding source, duration of funding, total direct costs):

Other Professional Activities in Last Five Years:
RE: Process for Workplace Safety and Insurance Board Coverage

The Ministry of Training, Colleges and Universities (MTCU) has implemented a new streamlined process for students enrolled in an approved Ontario university program that requires them to complete placements in the workplaces as part of their program of study.

The Workplace Educational Placement Agreement (WEPA) Form has been replaced by the Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form. Placement Employers and Training Agencies (universities) are not required to complete and sign the online Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form for each placement that is part of the student’s program of study in order to be eligible for WSIB coverage. Instead, this form only needs to be completed when submitting a claim resulting from an on-the-job injury/disease. Please note that universities will be required to enter their MTCU-issued Firm Number in order to complete the online claim form.

The new form has been posted on the Ministry’s public website at:

http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=1352&NO=022-13-1352E (English) or

http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWF&TIT=1352F&NO=022-13-1352F (French)

Please note that all WSIB procedures must be followed in the event of an injury/disease. York University will keep the signed original of the placement letter on file and ensure that the Practicum Centre has a copy.

Declaration

By signature of an authorized representative here under we confirm our commitment to immediately report any workplace injuries or disease to the student’s university.

Signature: _______________________ Title: _________________________
Name: __________________________ Date: _________________________

Distribution

A copy with the original signature is to be returned to York University and a copy is to be kept by the Practicum Centre.