

Internship Verification Form

Intern Information								
Full Name:	Last	First	<i>M.I.</i>	Intern title a	t your site			
Internship Site:								
Address:	Street Address			Suite/Unit #				
	City		State	ZIP Code				
Internship Director:								
Phone:		Email						
Internship w (if applicable								
	Internsl ernship have a designated doctora eek who is responsible for the integ			least 20 YE	s no I □			
Does the int	ernship have at least two full-time e	equivalent doctoral level psycholog	gists who are act	ively YE	S NO			

licensed in your jurisdiction and serve a primary supervisors for the interns?		
Are there two or more interns at your site?	YES	NO □
Do interns receive supervision from more than one supervisor totaling two or more hours per week (for a full time intern)?	YES	NO □

Do interns spend at least 25% of their time providing face-to-face services to patients/clients?	YES	NO □
Do you provide written evaluations of the interns at least twice per year?	YES	NO □
Do you have a documented due process procedure for interns?	YES	NO □
Do you provide interns with a certificate of completion?	YES	NO □
Is the internship a paid position?	YES	NO □

Internship Characteristics

Please explain any "no" responses to the previous questions:

Training Activities

Please describe the intern's training activities, including clinical responsibilities and learning opportunities. If available, it is sufficient to provide a brochure that has this information or a web address where this information can be found.

Goals and Objectives

Please describe the goals and objectives of the internship training program. If available, it is sufficient to provide a brochure that has this information or a web address where this information can be found.

Signature

Date:

Thank you for completing this form!

Signature: