

Internship Verification Form

Intern Information

Full Name: _____
Last *First* *M.I.* Intern title at your site

Internship Site: _____

Address: _____
Street Address *Suite/Unit #*

City *State* *ZIP Code*

Internship Director: _____

Phone: _____ Email _____

Internship website (if applicable): _____

Internship Characteristics

- | | | |
|---|---------------------------------|--------------------------------|
| Does the internship have a designated doctoral-level psychologist on staff and present on site at least 20 hours per week who is responsible for the integrity and quality of the training program? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Does the internship have at least two full-time equivalent doctoral level psychologists who are actively licensed in your jurisdiction and serve a primary supervisors for the interns? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Are there two or more interns at your site? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Do interns receive supervision from more than one supervisor totaling two or more hours per week (for a full time intern)? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Do interns spend at least 25% of their time providing face-to-face services to patients/clients? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Do you provide written evaluations of the interns at least twice per year? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Do you have a documented due process procedure for interns? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Do you provide interns with a certificate of completion? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| Is the internship a paid position? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

