



Ohio Board of Psychology

FORM C

INTERNSHIP SITE VERIFICATION OF NON-ACCREDITED, NON-APPIC MEMBER PRE-DOCTORAL INTERNSHIP

To be completed by Director/Coordinator of Internship Training or Designee

Please print, complete this 4-page form, sign and date, and submit it directly to the Ohio Board.

Fax to 614-728-7081 or email to info@psy.ohio.gov

Thank you for your assistance.

Please Print Clearly

Name of Intern/Applicant for Ohio Licensure:
Name of Academic Institution:
Doctoral Degree Program: <input type="radio"/> Clinical <input type="radio"/> Counseling <input type="radio"/> School <input type="radio"/> Combined <input type="radio"/> Other:
Name of Doctoral Program Director of Clinical Training:
Doctoral program accreditation/designation/approval: <input type="radio"/> APA <input type="radio"/> ASPPB/NR <input type="radio"/> NASP <input type="radio"/> CPA
<u>Internship Site and Supervision Verification</u>
Name of Internship Facility/Training Site: _____
Address: _____
Telephone: _____
Director of Internship Training: _____ License Number/Jurisdiction: _____
Telephone number: _____ Email Address: _____
Internship Dates: _____ through _____ Total Internship Hours: _____
Intern Average Hours per Week On-Site: _____
Average Hours per Week Individual Face-to-Face, Supervision with Licensed Psychologist Supervisor: _____
Average Hours per Week Other Supervision (e.g. group, allied health professional supervisor, etc.): _____
Average Hours per Week Intern Didactics (e.g. seminars, case reviews, guided reading, etc.): _____

Name of Psychology Intern/Ohio Licensure Applicant: _____

Internship Site Supervisor Verification (Complete for each Internship Primary Supervisor, if more than one site)

Name of Internship Facility/Training Site: _____

Address: _____

Telephone: _____

Primary Supervising Psychologist or Board-Licensed School Psychologist: _____

[if different from Director]

License Number/Jurisdiction: _____

Telephone number: _____ Email Address: _____

Dates Under This Supervisor's Supervision: _____ to _____

Intern Average Hours per Week On-Site: _____

Name of Internship Facility/Training Site: _____

Address: _____

Telephone: _____

Primary Supervising Psychologist or Board-Licensed School Psychologist: _____

[if different from Director]

License Number/Jurisdiction: _____

Telephone number: _____ Email Address: _____

Dates Under This Supervisor's Supervision: _____ to _____

Intern Average Hours per Week On-Site: _____

Name of Internship Facility/Training Site: _____

Address: _____

Telephone: _____

Primary Supervising Psychologist or Board-Licensed School Psychologist: _____

[if different from Director]

License Number/Jurisdiction: _____

Telephone number: _____ Email Address: _____

Dates Under This Supervisor's Supervision: _____ to _____

Intern Average Hours per Week On-Site: _____

(Please copy and attach additional Supervisor Verification pages if necessary)

FORM C: INTERNSHIP SITE VERIFICATION OF NON-ACCREDITED, NON-APPIC MEMBER PRE-DOCTORAL INTERNSHIP

Name of Psychology Intern/Ohio Licensure Applicant: _____

Verification of Internship Requirements

Pre-doctoral internships completed at sites that are not APPIC members or accredited by APA or CPA shall comply with OAC § 4732-9-01(l)(1)(b) and shall be deemed satisfactory by the Ohio Board. Please complete the following:

<p>1) The internship experience provided a planned, structured, and programmed sequence of professionally supervised experiences that were characterized by greater depth, breadth, and intensity than pre-internship graduate program-based training.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>
<p>2) The internship had a clearly designated doctoral level psychologist, or a school psychologist licensed by the psychology board in the jurisdiction in which the internship occurred, who was responsible for the integrity and quality of the internship and who had an obvious presence in one (or more) of the training site(s). This psychologist may be referred to as the Director of Internship Training.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>
<p>3) The internship experience was a minimum of fifteen hundred hours and a maximum of two thousand hours completed in no less than twelve months (or nine months for school psychology internships) and no more than twenty-four months.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>
<p>4) No less than twenty-five per cent of the intern's time was documented as face-to-face psychological services to patients/clients.</p> <p>Total hours of face-to-face psychological services to patients/clients: _____</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>
<p>5) Regularly scheduled individual weekly face-to-face supervision was provided at a ratio of no less than one hour for every twenty internship hours.</p> <p><i>(The responsible use of secure technologies affording the ability to clearly disguise client/patient identities, such as telephone, internet, or web-based video may be used as a supplemental training and consultation aid and for supervision in excess of the minimum ratio required, although it did not replace the minimum weekly face-to-face individual supervision requirement specified below.)</i></p> <p>Average weekly hours of individual face-to-face supervision: _____</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>
<p>6) A minimum of 75% of the individual face-to-face supervision was provided by a supervisor who was a licensed psychologist or school psychologist licensed by the psychology licensing board in the state, territory, the District of Columbia, or Canadian province in which the supervised experience occurred, or when the psychologist or school psychologist was practicing legally in the internship jurisdiction (e.g., a federal employee licensed in another jurisdiction).</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>
<p>7) No more than 25% of the individual face-to-face supervision was provided by licensed allied mental health professionals as deemed appropriate by the designated doctoral level psychologist or licensed school psychologist specified above in #2, such as but not limited to psychiatrists, professional clinical counselors, or clinical social workers; or, a post-doctoral trainee eligible for licensure as a psychologist and conducting supervision of the intern under an umbrella supervision arrangement with a licensed psychologist or licensed school psychologist.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>
<p>8) The internship provided an average minimum of two hours per week in didactic activities such as case presentations, seminars, in-service training, guided readings in professional psychology, or additional individual or group supervision in excess of the minimum ratio described above.</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p>
<p>9) In internship settings at which there was only one intern, the Director/clearly designated doctoral level psychologist or school psychologist specified above in #2 ensured the intern had a sufficient breadth of experiences and role models through scheduled and planned professional interactions with other psychological trainees, psychologists, school psychologists, and/or allied mental health professionals; these experiences may include, but shall not necessarily be limited to, participation in grand rounds or other didactic experiences in local health care settings, structured interactions with peer groups in local internships, and case consultations. List qualifying activities: _____</p> <p>_____</p> <p>_____</p>	<p><input type="radio"/> YES <input type="radio"/> NO</p> <p><input type="radio"/> N/A</p>

Name of Psychology Intern/Ohio Licensure Applicant: _____

Internship Training Experiences and Competencies Attained

Pursuant to OAC § 4732-9-01, psychological training supervision shall provide sequential and increasingly complex and independent experiences to assure an organized and planned development of: attitudes and identity as a professional psychologist; professional, ethical, and legal responsibilities; communication skills; critical judgment; and, competencies in the broad areas of interpersonal skills, psychological assessment, psychological interventions, and ethical decision making. Training experiences shall follow developmentally appropriate academic and technical preparation.

① List the intern's specific psychological activities/experiences by estimated percentages during the internship:

<u>Psychological Training Activity</u>	<u>%</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

② List the psychological activities the intern was competent to perform independently at the conclusion of the internship:

③ Final evaluation of intern's performance and recommendations for areas of post-doctoral training and/or independent practice and needs for additional professional development: (please feel free to attach an evaluation in lieu of completing this section)

Printed Name of Internship Director/Designee _____

License# _____ **State/Province** _____

Signature _____

Date: _____

Fax this completed, signed form to 614-728-7081 or email to info@psy.ohio.gov

Thank you.