UNIVERSITY OF HARTFORD

GRADUATE INSTITUTE OF PROFESSIONAL PSYCHOLOGY

1.

Academic

	Year
	Summer Clinical Practicum Agreement
Parties: This Agreement is entere	
Trainee:	
who is a student in good standing i of Professional Psychology	in the Psy.D. Program at the University of Hartford's Graduate Institute
2 nd Y	Year 3 rd Year 4 th Year
Agency Name	
Dept./Unit	
Mailing Address	
City, State, Zip	
Primary Supervisor:	
Phone	#
E-Mail	
Supervisor 2:	Degree
Phone	Licensure, State(s) & #
F Mail	
Supervisor 3:	Degree
Phone	Licensure, State(s) & #
E-Mail	
Agency Training	
Director:	Licensura State(s) &
Phone	Licensure, State(s) & #
E-Mail	
GIPP Seminar Leader	
Associata Divactor CIDD V	Zally T Wahar Psy D 860 768 5227 Wahar@hartfor.

Start Date	End Date	Total # weeks	A
Minimum: Septem Weekly Schedule:	ber to May or September to June a	t school sites	
	Fall Semester	Spring Semester	
Mor	nday	Spring Semester	
	sday		
Wednes			
Thurs	- 1		
	riday		
Required 16-20		Total hours/week	B
Required 10-20	nours/week	Total Hours/ Week	D
. Vacation Time			
	Total	··	
		nours vacation	
	Total	nours vacation	
Scheduling comm any other academic	year (A x B)-C = itments: The student affirms that	the above practicum schedule does r	not conflict wit
Scheduling comm	year (A x B)-C = itments: The student affirms that	the above practicum schedule does r	not conflict wit
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	Hours/week	Type of Supervision	Area of Supervision
Primary Supervisor			
Supervisor 2			
Supervisor 3			

Suna								
	ervisor 3							
	mum: A total of a							
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. Ps	sychodiagnostic	material	s availab	le				
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16. Stipend: \$/Year					
7. Is an additional contract or application between the site and the University of Hartford requ					
if yes attach to this agreement.					
Background Check: Will the student be required to have a background check?					
19. Flu Shot: Will the student be required to have a	the student be required to have a flu shot, PPD or other vaccination?				
20. Taping Restrictions					
If yes which please explain					
21. NPI#: Will student be required to have a NPI#	te the evaluation forms for the student trainee at the end of				
each semester. The evaluation for each semester student by the immediate supervisor. Direct ob	te the evaluation forms for the student trainee at the end of er must be based in part on direct observation of the servation includes in-person observation, live video the evaluation must be so noted on the evaluation form.				
· · · · · · · · · · · · · · · · · · ·	ered by this Agreement, the student agrees to maintain nt of \$1,000,000 per incident and \$3,000,000 aggregate per				
24. Other stipulations:					
25. Date: This Agreement is entered into on this _	day of				
	duy 01				
Signatures:					
Student	Primary Supervisor				
GIPP Seminar Leader	Supervisor 2				
GIPP Associate Director/Coordinator of Practicum Training	Supervisor 3				
	Agency Training Director, if applicable				