**Clinical Practicum Agreement**

1. **Parties:** This Agreement is entered into by the following parties:

   **Trainee:**
   who is a student in good standing in the Psy.D. Program at the University of Hartford’s Graduate Institute of Professional Psychology

<table>
<thead>
<tr>
<th>Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
</tr>
</thead>
</table>

   **Agency Name**

   **Dept./Unit**

   **Mailing Address**

   **City, State, Zip**

   **Primary Supervisor:**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Phone</th>
<th>Licensure, State(s) &amp; #</th>
</tr>
</thead>
</table>

   **E-Mail**

   **Supervisor 2:**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Phone</th>
<th>Licensure, State(s) &amp; #</th>
</tr>
</thead>
</table>

   **E-Mail**

   **Supervisor 3:**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Phone</th>
<th>Licensure, State(s) &amp; #</th>
</tr>
</thead>
</table>

   **E-Mail**

   **Agency Training Director:**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Phone</th>
<th>Licensure, State(s) &amp; #</th>
</tr>
</thead>
</table>

   **E-Mail**

   **GIPP Seminar Leader**

   **Associate Director, GIPP**

   | Kelly T Weber, Psy.D. | 860-768-5227 | Weber@hartford.edu |
Practicum Agreement

2. **Duration:** This Agreement will be in effect over the course of the training period:

   Start Date ___________  End Date ___________  Total # weeks ___________ A

   *Minimum: September to May or September to June at school sites*

3. **Weekly Schedule:**

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
</tr>
</tbody>
</table>

   *Required 16-20 hours/week*  Total hours/week ________ B

4. **Vacation Time**

   Total hours vacation ________ C

5. **Total hours for year (A x B)-C =**

   ________________

6. **Scheduling commitments:** The student affirms that the above practicum schedule does not conflict with any other academic commitments at the University of Hartford and is a priority for the student’s attendance.

7. **Training goals & objectives:**

   _______________________________________________________

   _______________________________________________________

   _______________________________________________________

8. **Activities for meeting goals & objectives:**

   _______________________________________________________

   _______________________________________________________

   _______________________________________________________
9. **Supervision:**

<table>
<thead>
<tr>
<th>Supervision</th>
<th>Hours/week</th>
<th>Type of Supervision</th>
<th>Area of Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Minimum: A total of at least 2 hours of supervision/week required)

10. **Additional learning activities** (seminars, in-service, rounds, research)

11. **Psychodiagnostic materials available**

12. **Agency consent for release of case information:** The agency will allow the student to use psychological assessment data and other clinical information obtained at the agency to fulfill course work requirements, to make clinical case presentations in program seminars, and to complete Qualifying Exams. The student will discuss any such uses of clinical material with the primary supervisor in a timely manner. It is the student’s responsibility to follow proper procedures for obtaining informed consent from the client for release of information, for maintaining client confidentiality, and for final disposition of the materials.

13. **Agency consent for release of audio/visual case information:** The agency will allow the student to use audio- or videotape samples of clinical work for academic purposes, following the same procedures as outlined in Item 12.

14. **Employment:**

- [ ] The student is not a current or former employee of the agency.
- [x] An exception has been granted by the Director of Practicum Training for the following reason:

  ____________________________________________

  ____________________________________________

  ____________________________________________
15. **Previous practicum:**  □ The student has not engaged in a previous practicum at this agency.  
               or   □ An exception has been granted by the Director of Practicum Training for the following reason:
               
               _____________________________________________________________
               _____________________________________________________________
               _____________________________________________________________

16. **Stipend:** $ _______________/Year

17. **Is an additional contract or application between the site and the University of Hartford required?**
               _______________ if yes attach to this agreement.

18. **Background Check:** Will the student be required to have a background check? _______________

19. **Flu Shot:** Will 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# __________________________________________________________________

22. **Evaluations:** The supervisors agree to complete the evaluation forms for the student trainee at the end of each semester.

23. **Liability insurance:** For the entire period covered by this Agreement, the student agrees to maintain professional malpractice insurance in the amount of $1,000,000 per incident and $3,000,000 aggregate per year.

24. **Other stipulations:**

       _____________________________________________________________
       _____________________________________________________________

25. **Date:** This Agreement is entered into on this ______ day of _____________________________

**Signatures:**

Student

Primary Supervisor

GIPP Seminar Leader

Supervisor 2

GIPP Associate Director/Coordinator of Practicum Training

Supervisor 3

Agency Training Director, if applicable