



# UNIVERSITY OF HARTFORD

## GRADUATE INSTITUTE OF PROFESSIONAL PSYCHOLOGY

Academic Year \_\_\_\_\_  
Summer \_\_\_\_\_

### *Clinical Pre-Practicum Agreement*

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

**Trainee:** \_\_\_\_\_

who is a first year student in good standing in the Psy.D. Program at the University of Hartford's Graduate Institute of Professional Psychology

**Agency Name** \_\_\_\_\_

Dept./Unit \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Primary Supervisor:** \_\_\_\_\_ **Degree** \_\_\_\_\_

Phone \_\_\_\_\_ Licensure, State(s) & # \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Supervisor 2:** \_\_\_\_\_ **Degree** \_\_\_\_\_

Phone \_\_\_\_\_ Licensure, State(s) & # \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Supervisor 3:** \_\_\_\_\_ **Degree** \_\_\_\_\_

Phone \_\_\_\_\_ Licensure, State(s) & # \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Agency Training Director:** \_\_\_\_\_ **Degree** \_\_\_\_\_

Phone \_\_\_\_\_ Licensure, State(s) & # \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Associate Director, GIPP** Kelly T Weber, Psy.D. 860-768-5227 Weber@hartford.edu

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:**

	<i>Fall Semester</i>	<i>Spring Semester</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

*Required minimum 15 week training period. 8-10 hours per week, 30-60 minutes of Supervision per week with a licensed clinician)*

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:**

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

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**9. Supervision:**

	<i>Hours/week</i>	<i>Type of Supervision</i>	<i>Area of Supervision</i>
Primary Supervisor			
Supervisor 2			
Supervisor 3			

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

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

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**11. Psychodiagnostic materials available**

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**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. Employment:**

The student is not a current or former employee of the agency.

or  An exception has been granted by the Director of Practicum Training for the following reason:

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14. **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:

\_\_\_\_\_  
 \_\_\_\_\_

15. **Stipend:** \$ \_\_\_\_\_/Year

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

17. **Background Check:** Will the student be required to have a background check? \_\_\_\_\_

18. **Flu Shot:** Will the student be required to have a flu shot, PPD or other vaccination? \_\_\_\_\_

19. **Taping Restrictions** \_\_\_\_\_.

If yes which please explain \_\_\_\_\_

20. **NPI#:** Will student be required to have a NPI# \_\_\_\_\_

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

22. **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.

23. **Other stipulations:**

\_\_\_\_\_  
 \_\_\_\_\_

24. **Date:** This Agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Primary Supervisor**

\_\_\_\_\_  
**GIPP Associate Director/Coordinator of  
 Practicum Training /GIPP Seminar Leader**

\_\_\_\_\_  
**Supervisor 2**

\_\_\_\_\_  
**Supervisor 3**

\_\_\_\_\_  
**Agency Training Director, if applicable**