



Department of Psychology □ Eberly College of Arts & Sciences

West Virginia University

P.O. Box 6040, Morgantown, WV 26506-6040

External Training Experience Request Form

Please legibly print in ink or type this form

In sections in which there are options, check applicable provisions and write "N/A" for those which do not apply.

Student (and degree): _____

External Site Supervisor(s) (and degree): _____

Faculty Consultant (if any): _____

External Site: _____

Dates, Days, and Times

Start Date: _____ End Date: _____

Days and times student agrees to work: _____

The Student and Site Supervisor should negotiate the day(s) and time(s) the student agrees to work during each academic semester, subject to approval by the WVU Department of Psychology's Clinical/Clinical Child Training Committee, acting through the Director of Clinical Training. It is understood that external experiences can not conflict with regularly-scheduled departmental activities (i.e., classes or scheduled meetings, Monday 4:00-5:00 pm colloquium time, Wednesday 12 noon - 1:00 pm clinical conference time). The Student will work no more than 8 hours per week.

Holidays, Vacations, and Professional Leave

Holidays. Check one or more of the following options:

- _____ The Student will be allowed WVU's holidays, as printed in the University's Schedule of Courses each semester.
- _____ The Student will be allowed the same holidays provided to regular, full-time employees at the External Agency.
- _____ The Student will be allowed the following holidays consistent with his/her religious and cultural practices, as specified here:

Vacations. Check one or more of the following options.

_____ There will be _____ weeks of time for vacation. Vacation time will be coordinated with and prior approval obtained through the Site Supervisor(s).

_____ Other (specify): _____

Professional Leave. Check as appropriate.

_____ The student will be provided up to _____ days for attending conferences and workshops over the course of this Agreement.

_____ Other (specify): _____

class=Section2>

Supervision

The Site Supervisor(s) agree to provide the following supervision:

Type of Supervision (e.g., individual, group): _____

Duration (e.g., one hour): _____

Frequency (e.g., once per week): _____

Provided by: _____

Ethical Principles and Code of Conduct

The Student, Site Supervisor(s), and Agency Administrator(s) understand and agree that all of the Student's experience activities will be in accordance with the most current version of the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct.

Continuation of Placement

It is understood that the Student's continued placement at the external Agency is contingent upon the Student's continued satisfactory involvement in the WVU Department of Psychology's Clinical and/or Clinical Child Psychology training program.

Salary, Workmen's Compensation, and Insurance

The Student understands, that as an employee of WVU, he/she is covered by Workmen's Compensation, but is not entitled to any benefits or salary afforded to regular, full-time employees at the external Agency. It is understood that WVU carries a general liability insurance policy in the amount of \$1,000,000.00 per occurrence, including professional liability insurance, that covers students acting within the scope of their curriculum.

Evaluation and Documentation

The Supervisor(s) agree to complete an evaluation form about the Student in a timely fashion for each of the academic semesters in which the Student is involved in an external training experience at the site. These forms will be mailed to the Supervisor(s) from the Director of Clinical Training. Once direct feedback has been provided by the Supervisor(s) to the Student, then the evaluation form will be returned to the Director of Clinical Training to arrive prior to the established deadline.

Goals and Objectives for the External Experience

Activities and Tasks Planned

The Director of Clinical Training will provide a copy of this document to everyone who signs it.

Our signatures below indicate the intention to honor the provisions of this agreement.

Printed/type name of Student: _____ Signature: _____

Printed/type name of Supervisor: _____ Signature: _____

Printed/type name of Supervisor: _____ Signature: _____

Printed/type name of Advisor: _____ Signature: _____

Director of Clinical Training: Kevin T Larkin Signature: _____

Date Received by the Director of Clinical Training: _____