



REQUEST TO TAKE OPTIONAL PRACTICA

Updated July 2020

A goal of our clinical training program is to ensure that students receive exceptional clinical training that makes them competitive for internship, while ensuring that they make quick progress through the program. In order to receive permission from the DCT and Director of the PSC to complete an optional (7th or 8th) practicum, the program requires evidence that the optional practicum is necessary (e.g., students have fewer than our program-recommended 400-600 hours of direct client contact hours) and that students are making sufficient progress on their dissertation research. If you wish to take an optional practicum please submit an electronic copy of this form to the DCT well in advance of when you hope to start the practicum. The DCT will seek input on your request from your research advisor, discuss your request with the Director of the PSC, and vet your request.

Name: _____

Date _____ / _____ / _____
DD MM YY

1. **Request to Complete** practicum # _____ to start _____ at _____
(7 or 8) (date) (proposed site & supervisor)

2. **Coursework** In an attached document, list the courses that you have not yet completed, and a timeline for when you expect to take them.

3. Candidacy Examination

The date that I passed my candidacy examination: _____

I have not passed this exam. My plans for doing so are outlined in the attachment.

4. **Status of Ph.D. Thesis** In the attached document briefly explain what you are doing for your dissertation research, and where you are at in the process. Make sure you indicate when you defended your proposal, when your data was collected or when you expect to collect it, etc.

5. **Direct Client Contact Hours** In the blanks below indicate the # of hours accumulated to date.

Practicum Intervention Hours: _____

Practicum Assessment Hours: _____

Program-Sanctioned (non-practicum) Intervention Hours: _____

Program-Sanctioned (non-practicum) Assessment Hours: _____

Total (Practicum + Program Sanctioned) Intervention Hours: _____

Total (Practicum + Program Sanctioned) Assessment Hours: _____

6. Rationale for why you believe this practicum is necessary In the attachment describe why the proposed practicum is important for your clinical training and internship competitiveness.

7. Research advisor input After receiving a copy of this proposal from the DCT your advisor will email the DCT indicating how the proposed practicum would affect your thesis progress.

Director, Clinical Training

Date

Director, PSC

Date

Decision by DCT & Director of PSC:

Approved

Rejected (reason): _____