



**REQUEST FOR PERMISSION TO APPLY FOR
INTERNSHIP & RELEASE CONSENT**

Updated July 2020

Name: _____

Date _____ / _____ / _____
DD MM YY

1. Coursework (check one)

____ I have completed all required Department and Program course work.

____ I have not completed all required Department and Program course work. My plans for doing so are attached to this form (please indicate courses in question):

2. Candidacy Examination (check one)

____ I passed my candidacy examination in ____/____ .
MM YY

____ I have not passed my candidacy examination. My plans for doing so are attached.

3. Status of Ph.D. Thesis (indicate date completed or expected for each):

Thesis proposal defended: _____ (must be completed prior to May 15th to apply)

Data collected: _____

Data analyzed: _____

Draft of thesis completed: _____ Thesis defended: _____

4. Direct Client Contact Hours (as of the date you submit the AAPI form to the DCT¹):

Practicum Intervention Hours: _____

Practicum Assessment Hours: _____

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

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

¹ Please inform the DCT if you intend to update or otherwise change these hours prior to completing your online application, so that the hours on the DCT's section of the AAPI agree with these numbers. Also, the APPI only allows whole numbers. Round .4 and below down, and .5 and above up.

Total (Practicum + Program Sanctioned) Intervention Hours: _____

Total (Practicum + Program Sanctioned) Assessment Hours: _____

Individual Practicum Supervision Hours²: _____

Individual Program Sanctioned Supervision Hours: _____

Group Practicum Supervision Hours: _____

Group Program Sanctioned Supervision Hours: _____

Total Supervision hours (minimum of 150 hours required): _____

Total Support Hours (these hours do not appear on the APPIC application): _____

Number of additional anticipated hours prior to start of internship:

Direct contact: _____

Supervision: _____

5. Academic Standing and Previous APPIC Experience:

Are you in good academic standing? _____ (if no attach details)

Are you currently on probation? _____ (if yes attach details)

Do you have current pending or previously successful complaints? _____ (if yes attach details)

Have you ever reneged on an APPIC internship match agreement without prior approval from APPIC and the internship site? _____ (if yes attach details)

6. Application Intentions:

How many accredited internships are you anticipating you will apply to: _____

How many non-accredited internships are you anticipating you will apply to: _____ *

² At least 75% of total supervision time must come from individual supervision

I _____ request permission from the Clinical Program to apply for internship.

_____ Student Signature

I _____ have reviewed the above information and support this request.

_____ Director of Clinical Training's Signature

* CPA-accredited programs require that students complete either accredited internships or internships that are deemed equivalent to accredited programs. Students from our program planning on applying for non-accredited internships must complete our Equivalency Criteria for Non-Accredited Internship form, available from the DCT and the PSC website *and* receive written approval from the DCT for each non-accredited site *prior* to applying to or submitting a ranking for each site.

The personal information in this form is being collected under the authority of the University of Manitoba Act and it will be used to determine eligibility for clinical internship applications. The personal information that you provide will be used and disclosed only for the purpose(s) for which it is collected, unless you consent or we are authorized to do so under The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access and Privacy Office (tel: 474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.

CONSENT FOR RELEASE OF PERSONAL INFORMATION

I, _____ (print name), hereby authorize the
Director of Clinical Training (print name) _____

to release the following personal information to each internship site that I apply to:

___ APPIC Application for Psychology Internship Form

___ Letter of Recommendation which would include information contained in my student file
regarding my academic record and my performance in the Clinical Program

- I understand that only the specified information will be released, and that the information will be released only to the specified individuals or agencies.
- I understand that no other individual or agency will have access to this information without my further written consent and that I may withdraw my consent at any time.
- I hereby give my consent for the release of the specified information and I declare that this consent has been given voluntarily.

Date: _____

Expiry Date of Authorization: _____ (one year from date of authorization)

Signature: _____

This personal information is being collected under the authority of The University of Manitoba Act. It will be used to obtain the student's consent for the release of personal information. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office.