

Policy and Procedures on Program Sanctioned Clinical Activities

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Students should refer to APPIC's General Instructions to determine what clinical activities are eligible to include on the APPIC application and under what categories. Please note changes to APPIC's policy supersede the procedures below if there is a discrepancy. To ensure consistency in the quality, monitoring and evaluation of clinical training activities, students in our program are expected to complete their clinical training as part of a practicum, regardless of whether the clinical activities are paid or unpaid. A practicum is part of a student's formal academic training and credit is awarded on the academic transcript. Students, in conjunction with their supervisor, must also submit all relevant Clinical Practicum Forms (<https://www.utscc.utoronto.ca/psych/clinical-practicum-forms>). This includes the Clinical Placement Learning Contract, two Clinical Placement Student Evaluations (done at both the mid-point and end of the clinical activity), as well as the forms detailed below.

In some cases, the program may sanction certain clinical activities that are outside of the standard practicum experiences available through the Greater Toronto Area match. As per APPIC's General Instructions at the time this policy was drafted, these experiences may include the following: "summer traineeship, clinical research positions, [and] time spent in the same practicum setting after the official practicum has ended". With respect to recording psychological assessment activities, APPIC also stipulates "if the person you assessed was not a client, patient, or clinical research participant, do not include this experience in this summary." To be program sanctioned, the student must be engaged in the provision of psychological services as described in the *Standards of Professional Conduct* of the College of Psychologists of Ontario. These activities must be supervised by a Psychologist registered with College of Psychologists of Ontario and who has competence in the relevant area(s) of practice and client populations. In addition, clear learning objectives should be integrated as part of the experience and both the student and supervisor should agree upon these objectives. Before initiating these activities, students must complete a Program Sanctioned Clinical Activities Approval Form, which must be approved by the Program Coordinator and the student's academic supervisor(s). Academic credit will not be awarded on the transcript for these program-sanctioned clinical activities; however, the approval form and an evaluation form (to be completed by the supervisor of these activities) will be stored in the student's record and eligible hours can be recorded on the APPIC application.

Please note that the APPIC General Instructions state "you can summarize your supervision experiences, anticipated practicum experiences, and support activities in other sections of the application". In situations where the Program Coordinator and/or academic supervisor(s) do not approve the additional clinical activities, please note that the APPIC General Instructions provide that "other relevant experience that does not fit into the above definition can be described on your Curriculum Vitae".

Program Sanctioned Clinical Activities Approval Form

To be completed by the student and submitted for approval by the Program Coordinator in advance of the clinical experience.

Date:

Student Full Name and Student Number:

Please indicate all practica completed to date:

CPS1803H

CPS3999H

CPS6999H

CPS2999H

CPS4999H

CPS7999H

Rationale for Additional Clinical Experience (Please include learning objectives):

Nature of Clinical Activity:

Clinical Experience Details

Clinical Site/Agency:

Registered Clinical Supervisor (*Supervisor Criteria: Clinical supervisors of Doctoral students must be appropriately licensed doctoral level clinical psychologists (Ph.D., Psy.D.)*):

Anticipated Start Date (mm/dd/yyyy):

Anticipated End Date (mm/dd/yyyy):

Daily Hours (e.g. 9am-5pm):

Days of the Week (e.g. Tuesdays and Wednesdays):

Projected Total Clinical Hours to be Completed:

Frequency and Nature of Supervision:

Check all relevant activities:

Intervention (individual)

Diagnostic evaluations

Other activities

Intervention (group)

Clinical research

Intervention (family/couple)

Intake assessments

Assessment

Professional presentations

Student has own professional liability insurance: | Yes | No

By signing below, I confirm that the information recorded above is correct to the best of my knowledge.

Student Signature	Student Name	Date
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Clinical Supervisor Signature	Clinical Supervisor Name	Date
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Clinical Co-Supervisor Signature	Clinical Supervisor Name	Date
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Additional Signatures

I confirm that the student is progressing well in the program and is on track with all remaining program requirements.

Supervisor Signature	Supervisor Name	Date
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Co-Supervisor Signature	Co-Supervisor Name	Date
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Faculty Supervisor Comments (optional)

Program Coordinator Decision

- Approved
- Refused

Program Coordinator Comments

Program Coordinator Signature	Date
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