

Clinical Practicum Contract
Department of Psychology
341 Science Complex
Eastern Michigan University
Ypsilanti, MI 48197
734-487-1155

In order to receive credit for practicum hours, upon beginning a practicum placement students are required to submit a completed Clinical Practicum Contract signed by their primary supervisor. Additional contracts should be submitted for any additional doctoral level supervisors. Separate BCBA supervision contracts should be submitted for students pursuing certification per those requirements. All supervisors should collaborate to ensure the requirements for the training experience are met and that the weekly hours are not significantly exceeded. Any significant changes in practicum activity must be accompanied by an updated contract approved by the Eastern Michigan University practicum instructor.

Students are required by state licensing law to receive a minimum of **2 hours of clinical supervision for every 20 hours** of service provision prior to initial licensure and 1 hour thereafter. They participate in a 16-20 hour clinical training experience weekly during the fall and winter terms, which may be extended with the consent of the student and supervisor. They must be supervised by a doctoral level psychologist who currently holds a **full license** in the state of Michigan.

Students engaged in practicum activities are covered by the liability insurance carried by Eastern Michigan University while they are concurrently enrolled in a practicum course. However, it is **strongly recommended** that students obtain their own student liability insurance and provide documentation of their policy to their practicum site should they negotiate to engage in additional (e.g., summer) training.

Student New or updated contract

Practicum Site:

Practicum Address:

Practicum Supervisor's Name(s):

State of Michigan License #(s):

Practicum Supervisor's Phone #(s):

Planned Start and End Dates of Placement:

I understand my duties and responsibilities as a practicum student will consist of:

Weekly Hours: Spring: Summer: Fall: Winter:

Assessment Training Hours and Activities:

Treatment Training Hours and Activities:

Record Keeping Hours and Activities:

Didactic Training Hours and Activities:

Supervision Hours and Format:

In addition, I understand it is my responsibility to comply with all Eastern Michigan University practicum requirements.

My signature indicates I consent to the conditions above.

Student
(Print Name)

Practicum Site Supervisor(s)
(Print Names)

Student
(Sign Name)

Practicum Site Supervisor(s)
(Sign Names)

Date

Date(s)

Approved by:

Tamara M. Loverich, Ph.D.
Practicum Coordinator
Associate Professor
Date Filed: