

## Clinical Practicum Contract

Department of Psychology  
Eastern Michigan University  
341 Science Complex | Ypsilanti, MI 48197

In order to receive credit for practicum hours, prior to beginning a practicum placement, students are required to submit a completed Clinical Practicum Contract. Any significant changes in practicum activity must be accompanied by an updated Contract approved by the Eastern Michigan University faculty member responsible for PSY 683 (hours 0-250), 684 (250-500), or PSY 788 (advanced external practicum hours).

Student \_\_\_\_\_

Practicum Site \_\_\_\_\_

Practicum Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Practicum Supervisor's Name \_\_\_\_\_

License Number \_\_\_\_\_

Practicum Supervisor's Phone Number \_\_\_\_\_

Planned Start Date of Placement \_\_\_\_\_

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

Weekly Hours | Spring: \_\_\_\_\_ Summer: \_\_\_\_\_ Fall: \_\_\_\_\_ Winter: \_\_\_\_\_

Assessment: \_\_\_\_\_

\_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

Record Keeping: \_\_\_\_\_

\_\_\_\_\_

Didactic/Training Experiences: \_\_\_\_\_

\_\_\_\_\_

**\*\*Please note that two hours per week of face-to-face supervision are required per state law\*\***

Supervision: \_\_\_\_\_

In addition, I understand it is my responsibility to comply with all Eastern Michigan University practicum requirements (PSY 683 & 684).

My signature indicates I consent to the conditions outlined above.

\_\_\_\_\_  
**Student Name**  
(please print)

\_\_\_\_\_  
**Practicum Site Supervisor Name**  
(please print)

\_\_\_\_\_  
**Student Signature**  
(please sign)

\_\_\_\_\_  
**Practicum Site Supervisor Signature**  
(please sign)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

Approved by: \_\_\_\_\_  
**Instructor Signature**

Date Filed: \_\_\_\_\_