



# National Register Internship Guidelines Compliance Worksheet

**This two-page form MUST be completed for each Psychology Internship Program that was NOT APA or CPA accredited – OR – NOT APPIC listed at the time the applicant completed the internship.**

Please demonstrate how EACH guideline was met by the internship program, providing specific details in the boxes below. A response of “Yes” is not sufficient. Copying and pasting the guideline in the response box is not sufficient. TYPE all responses. If additional space is needed to document criteria, please attach to this document. Please send the completed worksheet to the National Register:

[applications@nationalregister.org](mailto:applications@nationalregister.org)

FAX: 202-347-0550

National Register of Health Service Psychologists  
1200 New York Ave, NW, Ste 800  
Washington, DC 20005

Name of Applicant:

Name of Internship Program/Facility:

Name of Supervisor and/or Training Director Completing Form and Email address:

1. An organized training program, in contrast to supervised experience or on-the-job training, designed to provide interns with a planned, programmed sequence of training experiences. The primary focus and purpose assures breadth and quality of training.

Demonstration of Compliance:

**2. The internship agency had a clearly designated doctoral level staff psychologist who was responsible for the integrity and quality of the training program (i.e., internship training director) and who was appropriately trained and actively licensed at the time of the applicant's training by the state/provincial/territorial board of psychology in the jurisdiction where the training occurred (psychologists practicing in a federal program must maintain at least one active, valid, unrestricted license).**

**Demonstration of Compliance (please include the name of the psychologist):**

**3. The internship agency had two doctoral level psychologists on the staff as supervisors who 1) were appropriately trained and actively licensed at the time of the applicant's training by the state/provincial/territorial board of psychology in the jurisdiction where the training occurred (psychologists practicing in a federal program must maintain at least one active, valid, unrestricted license) and 2) carried primary clinical responsibility for the cases being supervised.**

**Demonstration of Compliance (please include the names of the psychologists):**

**4. The internship 1) included a minimum of two hours per week (regardless of whether the internship was completed in one year or two) of regularly scheduled, formal, direct individual supervision with one or more staff psychologist as defined in criterion #3 and 2) must be for the specific intent of dealing with health services rendered directly by the intern.**

**Demonstration of Compliance:**

**5. The internship included at least two additional hours per week of individual or group supervision. Additional internship supervision was provided by a staff member of the internship agency or by an affiliate of that agency who was appropriately trained and licensed for their role in the program and who carried clinical responsibility for the cases being supervised.**

**Demonstration of Compliance:**

**6. The internship included a minimum of two additional hours per week in learning activities, such as case conferences involving a case in which the intern was actively involved; seminars dealing with clinical issues; co-therapy with a staff provider including discussion; professional development groups; and other didactic activities.**

**Demonstration of Compliance:**

**7. The internship provided training in a range of assessment and treatment activities conducted directly with patients seeking health services.**

**Demonstration of Compliance:**

**8. At least 25% of trainee's time was in direct patient contact (minimum 375 hours).**

**Demonstration of Compliance:**

**9. Training was post-clerkship, post-practicum and post-externship level.**

**Demonstration of Compliance:**

**10. The internship agency had a minimum of two interns at the doctoral internship level of training during applicant's training period.**

**Demonstration of Compliance (please provide the names of interns):**

**11. Trainee had title such as "intern", "resident" or other designation of trainee status.**

**Demonstration of Compliance:**

**12. The internship agency had a written statement or handbook which described the goals and content of the internship, stated clear expectations for quantity and quality of trainee's work and was made available to prospective interns.**

**Demonstration of Compliance (please include URL or attach statement/handbook):**

**13. The internship experience (minimum 1500 hours) was completed within 24 consecutive months.**

**Demonstration of Compliance:**

**I attest that the above information is true and correct to the best of my knowledge:**

**Signature of Individual Completing Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_