

THE NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

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This form is an official National Register document only when it bears the date stamp for the National Register of Health Service Psychologists.

Applicant Name

Email Address

PRACTICUM OR EXTERNSHIP CONFIRMATION FORM

The above named individual is banking credentials with the National Register of Health Service Psychologists and indicated that he/she completed a pre-internship, supervised or proctored practicum or externship experience as a component of graduate education in psychology. If you are/were the primary supervisor of this training experience, please 1) review the criteria for approved practicum or externship experiences listed on page 2 of this document and determine whether the applicant's practicum or externship experience met these guidelines; 2) determine the setting code (see page 2); 3) complete, print, and sign this form; and 4) email, mail, or fax it directly to the National Register at the above address/fax. This form is intended to document each pre-internship supervised practicum or externship experience. **Applicants must document each experience separately.**

Name of Agency		Enter Code for setting ▶ here (see page 2) ▶	
Address Line 1		Address Line 2	
City	State/Prov/Terr	Zip	
Dates the above named applicant engaged in practicum/externship experience: From ____/____/____ to ____/____/____ mm dd yyyy mm dd yyyy Number of other doctoral psychology students at site: _____		Hours worked per week: _____ Hours of direct individual or group supervision per week: _____ Total hours of supervision for the experience: _____ Total hours for the experience: _____	
Name of University/School and Program _____ Did doctoral program have formal relationship with practicum site? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was practicum a part of the doctoral program's requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUPPLEMENTAL Did direct supervisors of external practica hold formal affiliation with the doctoral program (e.g. adjunct or faculty appointment)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please indicate the year of graduate training during which this experience took place: <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3 <input type="checkbox"/> G4 <input type="checkbox"/> Other		Was the doctoral program: <input type="checkbox"/> APA/CPA accredited at that time? <input type="checkbox"/> ASPPB/National Register Designated at that time?	
Applicant's Title at Agency _____		Was practicum satisfactorily completed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Primary Supervisor Credentials			
Name	Licensed/Certified/Registered at the time of applicant's experience? <input type="checkbox"/> YES <input type="checkbox"/> NO Profession: _____		
Highest Degree Earned and Year	School Name/Program		
Currently credentialed by the National Register of Health Service Psychologists? <input type="checkbox"/> YES <input type="checkbox"/> NO			

I hereby attest that 1) all the above information is true and correct to the best of my knowledge, 2) that all guidelines listed on page 2 of this document have been met, and 3) the performance of the above named applicant was satisfactory.

Name (printed or typed) _____ Title _____

Email _____ Phone _____

Signature _____ Date _____

We appreciate your cooperation in this application review process for credentialing by the National Register.

(See page 2 for guidelines and experience setting codes)

Guidelines for Defining a Pre-Internship Practicum or Externship Experience

1. Practica must be completed as a component of established curriculum in an approved (APA/CPA Accredited or ASPPB/National Register designated) doctoral program in psychology and must be completed prior to the internship experience.
2. The practicum experience is required for successful completion of the doctoral program; or, externships or supplemental practica are voluntarily undertaken by the trainee with the approval of the doctoral program. For required practica, students must demonstrate completion by enrolling in a practicum course that is an established component of the program's curriculum.
3. The doctoral program maintains oversight of the quality of training provided in the practicum site.
4. The doctoral program provides specific metrics for satisfactory completion of the practicum experience, including completion of a minimum number of hours of training with a defined areas of experience.
5. The doctoral program delineates a specific set of experiential competencies that trainees are required to meet and keeps objective evidence that such competencies are met.
6. The practicum experience is not purely observational (for G1 practica only, active observation using established methods, e.g., recording classroom behavioral observation, will qualify).
7. The practicum experience is directly or indirectly supervised by qualified faculty (ie., direct on-site supervision by a qualified, doctoral level psychologist, or indirect supervision via established seminars or regular meetings by doctoral program faculty).

CODE LIST FOR TYPE OF TRAINING SITES

Refer to this code list when classifying training site.

Hospital and Other Medical Settings

- 01 University hospital/medical center
 - 02 Public (state, city, or county) psychiatric hospital
 - 03 Private psychiatric hospital
 - 04 Public (state, city, or county) general hospital
 - 05 Private general hospital
 - 06 VA hospital/medical center/clinic
 - 07 Military hospital
 - 08 Rehabilitation hospital/center
 - 09 Children's/adolescent general hospital
- above
- 10 Children's/adolescent psychiatric hospital than
 - 11 Mental retardation/development disabilities hospital
 - 12 Health maintenance organization (HMO)
 - 13 Nursing home, assisted living, extended care facilities
 - 14 Residential treatment centers
 - 19 Other type of **medical** setting

Independent Practice Settings

- 20 Individual private practice
- 21 Group psychological practice
- 22 Psychological/medical group practice
- 23 Multidisciplinary practice
- 24 Medical clinics

Clinics and Other Outpatient Settings

- 30 University/college counseling center
- 31 Community mental health center (CMHC)
- 32 Outpatient mental health clinic, freestanding
- 33 Children's outpatient mental health clinic
- 39 Other type of **outpatient** setting not mentioned above

Other Settings

- 40 Elementary/secondary school or school system
- 41 Other type of educational setting, not mentioned
- 42 Criminal justice/correctional system/prison
- 43 Federal, state, or local government agency (other above settings)
- 44 Consortium
- 45 Other setting not mentioned above