**Director of Clinical Training Consent Form**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Year in Program: 1** [ ]  **2** [ ]  **3**[ ]  **4** [ ]  **5** [ ]  **6+**[ ]

**Instructions to the Applicant:** Please give this form to your Director of Clinical Training to be completed and emailed to ktabb@umbc.edu.

**Instructions to the Director of Clinical Training:** The above-mentioned student is applying for an externship position at the Counseling Center at UMBC for the upcoming academic year. We are excited that your student is considering our program. We ask your cooperation in completing the following questionnaire. Additionally, we direct you to our website at <https://counseling.umbc.edu/training-programs/externships/> to familiarize yourself with our program and the expectations of externs. We ask that you pay particular attention to the following requirements and policies:

* Students will be required to be on site for the externship 16-24 hours per week for a full academic year.
* Students must be on site Wednesdays from 8:30am - 1:00pm for meetings and programs.
* Students will need to show evidence of professional liability insurance.
* While efforts are made to match externs with a licensed psychologist for their individual supervision, this cannot be guaranteed and individual supervision may be provided by a licensed clinical social worker or an unlicensed psychologist (i.e., a member of senior staff in the process of becoming licensed who is supervised by a licensed psychologist).

The Counseling Center will accept applications in January and February, and interviews will be scheduled on a rolling basis once we receive the application. **For best consideration, applicants are asked to submit completed applications by February 4th, 2022.** We will accept applications until February 21st, 2022 but will begin offering interviews and positions after the 4th. We aim to make offers to students by end of February/mid-March at the latest. We do not follow the uniform acceptance day guidelines for the Washington DC area universities.

If you have any questions or concerns about the externship or your student’s participation in our program, please contact Kevin Tabb, Ph.D., Externship Coordinator (ktabb@umbc.edu).

Director of Clinical Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions and briefly elaborate on any concerns in the space below:

If you answered **Yes** to questions 3-5 or **No** to questions 1, 2, 6-8, please explain here or use additional sheets if necessary:

|  |  |  |
| --- | --- | --- |
| 1. Is this student in good standing?
 | YES [ ]  |  NO [ ]  |
| 1. Is this student ready to apply for an externship?
 |  YES [ ]  |  NO [ ]  |
| 1. Is/was this student currently/formerly on probation?
 |  YES [ ]  |  NO [ ]  |
| 1. Are any complaints currently pending against this student or were any filed in the past and found to be legitimate?
 |  YES [ ]  |  NO [ ]  |
| 1. Has this student ever reneged on a prior offer of practicum or externship training?
 |  YES [ ]  |  NO [ ]  |
| 1. Does this student possess the emotional stability and maturity to handle the challenges of graduate training to this point?
 |  YES [ ]  |  NO [ ]  |
| 1. Does this student demonstrate awareness of, and practice according to, the current ethical guidelines for psychologists?
 |  YES [ ]  |  NO [ ]  |
| 1. Does this student demonstrate the capacity to participate in supervision constructively and to modify their behavior in response to feedback?
 | YES [ ]  | NO [ ]  |
| 1. Does your program allow this student to be supervised by a licensed clinical social worker or unlicensed psychologist? (Please add any stipulations or considerations in the box below)
 | YES [ ]  | NO [ ]  |

Please read the following statement and sign.

*I have reviewed the requirements for the Externship Program stated above and do not know of any host program requirements or circumstances that would prevent the applicant from being able to complete these requirements. I understand that all trainees need to have valid professional liability insurance during their training at UMBC.*

Signature of Director of Clinical Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

This formshould beemailed directly to ktabb@umbc.edu

Kevin Tabb, Ph.D.

Acting Assistant Director, Training

Counseling Center

University of Maryland, Baltimore County (UMBC)