

Retriever Integrated Health

1000 Hilltop Circle

Student Development and Success Center

Baltimore, MD 21250

Phone: 410-455-2472

Fax: 410-455-2399

Voice/TTY: 410-455-3233

[www.umbc.edu/counseling](http://www.umbc.edu/counseling)

# Director of Clinical Training Consent Form

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

**Graduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: 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 [jcoughl1@umbc.edu](mailto:jcoughl1@umbc.edu) OR returned to you in a signed, sealed envelope to be mailed with your application materials.

**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 <http://counseling.umbc.edu/training> to familiarize yourself with our program and the expectations of externs. We ask that you pay particular attention to the following requirements:

* Students will be required to be on site for the externship 16-20 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.

The Counseling Center will accept applications in January and February, and interviews will be scheduled on a rolling basis once we receive the application. **The application deadline is February 7, 2025**. We will make offers to students by early to mid March. 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 Jay Coughlin, Psy.D., Externship Coordinator ([jcoughl1@umbc.edu](mailto:jcoughl1@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:

1. Is this student in good standing? YES NO
2. Is this student ready to apply for an externship? YES NO
3. Is/was this student currently/formerly on probation? YES NO
4. 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
2. Does the applicant possess the emotional stability and maturity to handle the

challenges of graduate training to this point? YES NO

1. Does the applicant demonstrate awareness of, and practice according to, the current

ethical guidelines for psychologists? YES NO

1. Does the applicant demonstrate the capacity to participate in supervision constructively

and to modify his/her behavior in response to feedback? YES NO

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:

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 jcoughl1@umbc.edu or mailed after signature across the envelop seal to:

Jay Coughlin, Psy.D.

Externship Coordinator

Retriever Integrated Health

University of Maryland, Baltimore County (UMBC)

1000 Hilltop Circle

Baltimore, MD 21250

**Deadline: Received by February 7th, 2025 (Please allow 1 week for mailing)**