

Graduate Psychology Program
536 Mission Street, San Francisco, CA 94105-2968 415-442-6618

External Field Placement Application

This form must be filled out completely by the Clinical Director. Incomplete applications will not be considered.

Agency Information

Name			
Mailing Address	<i>Address</i>	<i>City</i>	<i>Zip</i>
Phone		Fax	
Website		E-mail	
Location #1	<i>Street Address</i>	<i>City</i>	<i>Zip</i>

Clinical Director Information

Name		License Type & Number	
Mailing Address	<i>Address</i>	<i>City</i>	<i>Zip</i>
Phone		E-mail	

Type of Work Setting

Please indicate type of organization providing supervised fieldwork setting

	Governmental Entity		Licensed Health Facility <i>as defined in Sections 1250, 1250.2, 1250.3 of the Health and Safety Code</i>
	School, College or University		Non-profit and Charitable Corporation <i>501 (c) (3) as defined in Sections 1250, 1250.2, 1250.3 of the Health and Safety Code</i>
	For-profit (must be non-private practice and non-professional corporation setting)		Please initial in the box to left to confirm that your organization is not a private practice or professional corporation.
Number of years organization has been in existence			

Will work be performed by trainees at a setting where the agency regularly conducts business (on-site) or away from the actual agency setting (off-site)?	On-site	Off-site
If any work is performed by trainees away from the agency setting, please describe the employer/supervisor monitoring, supervision and emergency procedures. <i>Please respond in detail. Consumer protection is the issue to address as well as protection of the trainee.</i>		
Description of Services Provided to Population(s) Served/Agency Mission Statement		
Will the trainee be providing tele-health services? If so, please describe these services in detail.		

Supervisors

The supervisor has had sufficient experience, training and/or education in the area of clinical supervision to competently supervise trainees. Supervisor is a currently licensed professional clinical counselor, licensed marriage and family therapist, a clinical social worker, psychologist, educational psychologist or licensed physician certified in psychiatry who has been licensed a minimum of two years and has completed Continuing Education Units in supervision. *Note:* Board eligibility in psychiatry does not mean Board Certified.

Will an appropriate Board of Behavioral Sciences approved supervisor be provided for the trainee?	Yes	No
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Type of Supervision

Types of supervision provided	Individual/Triadic <i>-1 hour/week minimum</i>	Group <i>2 hours/week minimum</i>
How often is individual supervision provided?		Length of time
How often is group supervision provided?		Length of time

Methods of Supervision

<i>Check all that apply</i>	Individual	Group
Case presentation		
Live Supervision		
Video Recording		
Audio Recording		
Process and Progress Notes		
Role Play		
Student Verbal Report		

Responsibilities of Trainee within the Scope of Practice of Marriage and Family Therapist and/or Professional Clinical Counselor

Please describe the fieldwork experience and responsibilities the trainee will have at your agency.

If available, please enclose a copy of the description of duties and responsibilities provided for your trainees.

Number of client hours per week to which trainees are assigned	
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Indicate percentage (%) of time devoted to the following counseling activities

	Individual		Couple		Child
	Adolescent		Family		Group

Do you have a didactic training component as a part of your program?				Yes	No
Frequency of training		Day of the week & time training is scheduled			
Describe your training program.					
Average number of hours trainees and supervisors are at the agency on a weekly basis					
	Trainees		Supervisors		

Employment Information

Application Deadline						
Hiring Date						
Start Date						
Is this a paid position?	☐	Yes	☐	No	Rate:	
Is this an unpaid position?	☐	Yes	☐	No		
Is a stipend available?	☐	Yes	☐	No	Purpose and amount of stipend:	

What is your application process? *Check all that apply*

☐	Initial Telephone Contact	☐	Resume
☐	Formal Application	☐	Personal Statement
☐	Reference Check	☐	Transcripts
☐	Letters of Recommendation	How many?	
☐	Other <i>Please specify</i>		
Interviewing process <i>Check one</i>		☐	Individual
		☐	Group
Period of Traineeship	Start Date		End Date
Number of hours per week required of trainee			
Mandatory time commitments <i>Please include as much information as possible, including day of week and time of staff meetings, trainings, etc.</i>			

Please review the accompanying supervised fieldwork agreement and sign to confirm that you understand and agree to abide by the terms of the agreement.

I have read and reviewed the attached field placement agreement and I know that in order to employ trainees I will need to abide by the terms of this agreement.	
<i>Clinical Director's Name</i>	
<i>Clinical Director's Signature</i>	<i>Date</i>