



# STATE OF IDAHO

Division of Occupational and Professional Licenses

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## Evaluation and Accreditation of Supervised Internship

Dear Dr.

Candidate \_\_\_\_\_ has applied for a license to practice Psychology in the State of Idaho. The Idaho Board of Psychologist Examiners requires information from you in order to document the candidate's completion of an internship at an APPIC (Association of Psychology Postdoctoral and Internship Centers) member site or at a site demonstrating an equivalent program. If your site is an APPIC member, complete only Part 1. If your site is not an APPIC member, complete both Part I and Part 11 and provide all requested attachments. Thank you for your assistance.

### PART I - Completed by all Training Directors

1. Internship Site \_\_\_\_\_
2. APPIC Member # \_\_\_\_\_ OR Not an APPIC member \_\_\_\_\_
3. Site Address \_\_\_\_\_
4. Inclusive dates of candidate's internship: From \_\_\_\_\_ To \_\_\_\_\_
5. Date Certificate of Internship Completion issued: \_\_\_\_\_
6. Training Director's Name \_\_\_\_\_

\_\_\_\_\_  
Training Director's Signature

\_\_\_\_\_  
Date

### PART 11 - Completed by Directors of non-APPIC member internships only

1. Attach a written description of the planned, programmed sequence of training experiences provided to interns. Include any written statements or brochures describing the nature of the training program, its goals, the content of the internship, and expectations of intern performance.
2. List all doctoral level staff psychologists providing supervision to the candidate.

Training Director

- a. Name \_\_\_\_\_
- b. Psychology License # \_\_\_\_\_ State Issuing License \_\_\_\_\_
- c. Mean hours per week at the internship site \_\_\_\_\_
- d. Mean hours of supervision each week \_\_\_\_\_

Second Supervising Psychologist

- a. Name \_\_\_\_\_  
b. Psychology License # \_\_\_\_\_ State Issuing License \_\_\_\_\_ c. Mean hours per week at be internship site \_\_\_\_\_  
e. Mean hours of supervision provided each week \_\_\_\_\_

(If more than two licensed psychologists supervised the candidate, attach a separate list of those supervisors' names, license numbers, states issuing licenses, mean hours that supervisor was available on site, & mean hours of supervision provided each week)

3. Provide an attached description of the types of direct (face-to-face) service provided by the intern to consumers of psychological services.

4. Estimate the percentage of We candidate's time spent providing direct (face-to-face) service to patients/clients = \_\_\_\_\_ % (i.e. assessment, therapy, or consultation; NOT didactics, research, or support activities)

5. Attach an outline of the didactic activities (case conferences, seminars, in-service training, grand rounds) provided during the internship, including documentation of the candidate's hours spent in didactic activities during the internship.

6. The total number of interns on site and in training during the inclusive dates of the candidate's internship. Number = \_\_\_\_\_.

7. The professional title used by interns to represent themselves to the public during the internship. Title = \_\_\_\_\_.

8. Attach a copy of the internship's due process procedures for addressing concerns about the intern's performance and the intern's concerns about the training program.

9. Total professional hours compiled by the candidate during the inclusive dates of the internship. Hours = \_\_\_\_\_ (Include all internship activities here).

10. Attach copies of all evaluations of the intern's performance.

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Training Director's Signature

Date