

### Intent to Apply for Internship: September Submission

Student Name:		Student Number:	
UWO Email:		UWO Supervisor:	

Do you intend to Apply for Internship this academic year?  Yes  No

Note: if you answered yes, you will be required to submit the eligibility form again when you have completed all requirements for internship eligibility.

**The requirements are listed below, please put anticipated dates for course and thesis requirements that have not been completed yet.**

At least 600 hours of supervised clinical experience (Within a Practicum Course)	oYes	oNo
Of the 600 hours, at least 300 hours face to face with signage from practica supervisor	oYes	oNo
Of the 600 hours, at least 150 supervision hours (for which 75% must be individual supervision). At least 112.5 individual hours and 37.5 group supervision hours in practica.	oYes	oNo
A balance of assessment and intervention hours (e.g., 100 intervention and 200 assessment; 150 intervention and 150 assessment)	oYes	oNo
Completed at least 5 comprehensive assessments	oYes	oNo
Completed all cognate requirements. Please attach syllabi of approved courses. Cognates include: Biological Basis of Behaviour, Social Basis of Behaviour, Cognitive-Affective Basis of Behaviour, Individual Behaviour, Historical and Scientific Foundations of General Psychology	oYes	oNo
Completed All Course Requirements	Date:	oYes oNo
Passed Qualifying Examination	Date:	oYes oNo
Completed Thesis Proposal	Date:	oYes oNo
Completed Data Collection	Date:	oYes oNo
Completed Data Analyses	Date:	oYes oNo
Completed Thesis Defense (not needed for eligibility)	Date:	oYes oNo

**Intention to Apply for Internship – continued**

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**APPIC Related Questions**

Are you making satisfactory progress in the program? (If no, please attach details)	<input type="radio"/> Yes	<input type="radio"/> No
Are you currently on probation from the program? (If yes, please attach details)	<input type="radio"/> Yes	<input type="radio"/> No
Do you have current pending or previously successful complaints? (If yes, please attach details)	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever reneged on an APPIC match agreement without prior approval from APPIC and the Internship site? (If yes, please attach detail)	<input type="radio"/> Yes	<input type="radio"/> No

**Application Intentions**

How many accredited internships are you anticipating you will apply to?
How many non-accredited internships are you anticipating you will apply to?

**Student:** By including your signature below, you are requesting permission from the School and Applied Child Psychology program to apply for Internship.

Student Signature:	<input type="text"/>	Date:	<input type="text"/>
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Thesis Supervisor Signature:	<input type="text"/>	Date:	<input type="text"/>
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**Director of Clinical Training:** By including your signature below, you are indicating that you have reviewed the above information and support the request of the student.

Director of Clinical Training Signature:	<input type="text"/>	Date:	<input type="text"/>
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Comments from DCT about next steps:

*This personal information is being collected under the authority of the University of Western Ontario Act, 1982, as amended. It will be used to obtain the student's consent for the release of personal information. It will not be used for other purposes, unless permitted by applicable law, including the Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact Western University's Information and Privacy Office. To view the complete Personal Information Collection Notice, visit the online Academic Calendar at:*

[www.westerncalendar.uwo.ca/Archive/2017/2017/pg.1974.htm](http://www.westerncalendar.uwo.ca/Archive/2017/2017/pg.1974.htm)

**Western University, Faculty of Education, Graduate Programs Office**

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