

Illinois Psychological Association Psychology Internship Consortium Handbook

2025-2026 Edition

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INTRODUCTION TO THE IPAPIC

About the Consortium

The Illinois Psychological Association Psychology Internship Consortium (IPAPIC) was founded in order to join together training organizations in Illinois to create opportunities for Illinois psychology Interns. IPAPIC endeavors to grow each and every year by joining with new organizations to offer new training prospects. An important mission of IPAPIC is to offer services to underserved communities. By linking agencies, IPAPIC is able to offer such services, since the consortium shares training and supervision responsibilities. IPAPIC is a multi-site training program that provides organized, sequential learning experiences for doctoral Interns. The Consortium ensures an integrated training experience through shared standards, common procedures, and joint didactic learning programs. The Consortium brings together urban and rural training sites to provide broad exposure to differing models of training and service delivery. There is a particularly strong emphasis on advanced training in cultural competence.

IPAPIC Vision

The IPA Consortium model will be a leading training paradigm within the psychological community.

Mission Statement

The mission of the IPA Consortium is to offer quality psychology training in diverse settings to doctoral Interns in the state of Illinois, while also creating networks between Interns, agencies, IPA, and IPA members.

Values

<i>Respect</i>	We respect all customers without regard to race, sex, age, disability, health status, gender identity, sexual orientation, socioeconomic status, or faith.
<i>Compassion</i>	We strive for sensitive, humane, and respectful relationships with everyone we care for and with whom we work.
<i>Assessment</i>	We continually strive to assess and reassess all processes within our organization to improve our performance.
<i>Leadership</i>	We believe in effective leadership by promoting an organizational culture that focuses on continually improving performance for all client needs in a collaborative effort to fulfill the mission statements of Khalil Center, Psychological Consultations, and Center for Personal Growth.
<i>Unity</i>	We believe in a team-integrated service that promotes trust and safety, as well as clear and open communication.

Excellence We strive for excellence by committing resources to ongoing education and training that will result in qualified, competent care providers.

Service We believe our customers are entitled to quality health care services.

Our Pledge to Clients

We believe with the right skills, and methods to implement the skills, our clients can take charge of the problems disrupting their lives. To that end, the quality of care and services we render to our clients are the highest priorities. We pledge our efforts to achieve these goals and fulfill our mission.

About This Handbook

This handbook is intended to address questions you may have as an Intern with the Illinois Psychological Association Psychology Internship Consortium (IPAPIC). Information contained in this handbook is designed to assist you in your time as part of our clinical team. The policies set forth in this manual have been designed to assist in creating a spirit of cooperation and harmony within the Consortium. The Consortium has teamed together to provide the best possible care to the patients we serve.

The training experience at IPAPIC is an organized, educational, and experiential program designed to provide each Intern with a planned, programmed sequence of various experiences in mental health care. We seek to provide a learning environment that:

1. Encourages teamwork and respect among behavioral health service providers;
2. Develops each Intern's clinical skills through closely supervised delivery of clinical services to clients;
3. Encourages investigation and understanding of each client's cultural issues that can influence treatment results;
4. Provides an understanding of the professional, legal, and ethical issues that challenge behavioral healthcare; and
5. Develops each Intern's clinical style to reflect their individual talents and personality, while promoting responsibility and compassion for their clients.

Doctoral Interns will receive the title of "Intern" during their time as part of IPAPIC. Interns may not misrepresent themselves or their qualifications in any way to clients, staff, or other agencies. Throughout the rest of this handbook, the term "Intern" will be used to refer to those Interns who will be selected by IPAPIC to train at their sites for a Doctoral Internship training year.

All applicants must have completed adequate coursework and be authorized by their academic training programs to participate in Internship as demonstrated by a letter from the institution. Additionally, applicants must have successfully completed courses in group therapy, abnormal psychology, and a cultural diversity class. All Interns must also have completed adequate and appropriate practicum training of 1,200 or more hours prior to beginning the Internship.

THE IPAPIC TRAINING EXPERIENCE

The IPAPIC Internship experience provides training in a range of psychological assessment and intervention activities conducted directly with clients. Training is primarily based on experiential learning. Interns provide services directly to clients in the form of assessment, psychotherapy, consultation, and psychoeducation. Interns will be exposed to a variety of psychological services and clients that are determined by the Intern's level of education and experience. All experiences are guided by regular individual and group supervision, which forms the basis for personal and professional growth throughout the Internship year.

- Each consortium track function primarily as direct service providers.
- Each Intern is expected to complete a minimum of 2,000 hours. The IPAPIC Internship runs a full 12-month year, July 1 - June 30. Should the required hours be accumulated before 12 months elapse, Interns are still required to complete the full training year.
- Guidelines for direct service hours will be outlined in the sections describing each individual site. In addition, specific expectations may be discussed with supervisors.
- Individual and group supervision are provided at each site, with a minimum weekly requirement of four hours. Didactic training and peer supervision with other consortium Interns are also requirements of IPAPIC. At least two hours of weekly individual supervision by a Licensed Psychologist will be provided at each Internship site. Further, all Interns will be provided with an additional two or more hours of group supervision, didactic trainings, and consultation/staff meetings with a Licensed Psychologist.
- All IPAPIC Interns also attend a weekly two-hour consortium-wide group didactic, presented by a Licensed Psychologist and a one-hour consortium wide peer supervision with all of the current Interns which take place on Fridays. Didactics will take place weekly on Friday mornings: **Friday 9:00-11:00 didactic training, followed by 11:00-12:00 peer supervision.**
- Lastly, Interns also receive supervision, as needed, centered on their provision of clinical and administrative supervision of Externs.
- At the onset of each training year there will be a minimum of at least one day of IPAPIC consortium wide orientation and at least one day track specific orientation; Interns will receive a checklist of training materials given during orientation, which will also be maintained in their training record.
- Regardless of which site at which you are matched, all services must be appropriately documented. A supervisor will regularly discuss with you the quantity and quality of your performance in relation to the program's goals and expectations, as well as to ensure you are meeting the Minimum Requirements set forth by APA.
- At least twice annually, at the 6-month period and at the end of the training experience, Interns are officially evaluated by their supervisor on various competencies, in accordance with APA's Profession-Wide Competency Requirements. In addition, the supervisor will regularly evaluate Interns on their performance and identify strengths and challenges. The 6-month and final evaluation covers the following core areas which based on APA's Profession-Wide Competency Requirements:

- Intervention, Research, Assessment, Ethical and Legal Standards, Interprofessional and Interdisciplinary Consultations, Professional Values, Attitudes, and Behaviors, Supervision, Cultural and Individual Diversity, and Communication and Interpersonal Skills
- Regardless of the site, IPAPIC documents and permanently maintains accurate records of the Interns' training experiences, evaluations, and certificates of internship completion in their Student/Intern file. All Intern records are maintained by the current IPAPIC Training Director and can be accessed at any time by contacting them via email.

MEMBERSHIP SITES/TRAINING TRACKS

Center for Personal Growth (CPG)

APPIC Match Number: 215813

Center for Personal Growth (CPG) is a multi-specialty private practice in Carol Stream, Illinois. Dr. Erin Liebich maintains overall responsibility for Intern training experiences. Dr. Liebich is an active Licensed Clinical Psychologist in Illinois. She is the Owner and Clinical Director of CPG and oversees all functions of the clinical practice, including referrals, case assignments, assessment, treatment, clinical record keeping, and evaluation of Interns.

CPG's staff consists of one Illinois Licensed Psychologist, a soon-to-be licensed Post-Doctoral Fellow, three Licensed therapists, and several assessment, therapy, and advanced externs. Staff members carry clinical responsibility for the cases being supervised and provide supervision. Dr. Liebich and Dr. Santoyo provide at least two hours per week of regularly scheduled individual supervision. Dr. Gregory Sarlo plays a supportive role in clinical supervision as the second Illinois Licensed Psychologist. Supervision focuses on both professional and personal growth, encouraging the Intern to critically evaluate aspects of culture, diversity, professional skills, and personal predispositions within the work with each client.

Training at CPG

Center for Personal Growth is a private group practice located in Carol Stream, a western suburb of Chicago, Illinois. Interns at CPG provide psychological services to diverse populations, most especially clients with motor and neurodevelopmental disabilities, childhood trauma, eating disorders, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) clients. Dr. Liebich specializes in disability-affirmative services and child therapy. Dr. Santoyo specializes in gender-affirmative services and Latinx populations, providing therapy and testing services in Spanish. Other areas of practice at CPG include individual, family, couples, and group therapy, as well as child-centered play therapy and sand tray therapy. Services conducted at CPG include therapy, psychological and neuropsychological assessment, groups, and community presentations. CPG is a theoretically diverse site with Humanistic theory as the foundation of all treatment approaches. An emphasis is placed on utilizing individual and cultural factors as well as empirically-based practices to inform treatment. Interns will be trained in Client-Centered treatment approaches as well as Acceptance and Commitment Therapy, Mindfulness, and Dialectical Behavior Therapy.

At CPG, Interns not only gain experience with a diverse array of presenting concerns but are also involved in learning the nature of running a group private practice. Clients' typical diagnostic presentations vary from acute to chronic difficulties. Some clients may not have insurance, while others may utilize private insurance or Medicaid health plans. In addition, the Intern at CPG is given the opportunity to provide direct weekly clinical and administrative peer supervision for 2-4 diagnostic, therapy, and advanced externs training at CPG. Interns typically engage in at least

20-25 hours of direct service weekly. The remaining clinical hours during the week are spent in providing and obtaining supervision, research, assessment administration, scoring, report writing, and record keeping. At the completion of the Internship experience, Interns will demonstrate competency in domains set forth by APA in treatment, assessment, group work, case management, and consultation. CPG's diverse training and supportive supervisory environment aims to facilitate personal and professional advancement and to produce a doctoral level psychologist candidate who is prepared for a promising career.

CPG Intern Benefits

- **Stipend**
 - \$32,000 per year. *Stipends are not based on clients' ability to pay.
- **Vacation**
 - Interns are eligible for ten (10) paid vacation days during their Internship. Vacation time off must be scheduled at least one (1) month in advance and be approved by the Clinical Director. Vacation days may also be used one at a time.
- **Family Leave**
 - Interns may take up to three (3) days off for a death in the family. These days are not deducted from vacation days. Adjustments are made on a case-by-case basis.
- **Holidays**
 - Interns will be eligible for the following holidays during their training: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving (day of and day after), and Christmas Eve and Day. Due to patients being especially vulnerable during the holidays and needing additional support, we do not encourage Interns to schedule extended time off during these periods.
- **Sick Time**
 - Interns are eligible for three (3) paid sick days during their Internship. Interns must notify the Clinical Director at least two (2) hours prior to their scheduled start time if calling in sick or unable to report to the site for other reasons. Should an illness continue for more than one (1) day, the Intern must notify the Clinical Director on each consecutive day of his/her absence.
- **Dissertation Work Time**
 - Interns may incorporate up to five (5) hours per week to work on their dissertations.
- **Conference Time**
 - Interns may request up to two (2) days off to attend a non-IPAPIC sponsored training. Interns are required to schedule the time off with supervisors at least a month in advance.

Khalil Center (KC)

APPIC Match Number: 215812

Khalil Center (KC) is a community mental health center with three locations in Chicagoland (Glen Ellyn – Primary Site, Lincolnwood, and South Chicago). Khalil Center provides an array of psychological services to diverse populations, especially American Muslim clients. Khalil Center is the largest provider of direct services to the American Muslim population nationwide. Khalil Center also specializes in spiritually integrated psychotherapy within an Islamic context. Other areas of practice at Khalil Center include individual, family, couple, and group therapy, psychological testing, services to local private schools, as well as community preventative educational seminars and workshops. Services conducted at Khalil Center include therapy, assessment, groups, and consulting.

At Khalil Center, two Licensed Clinical Psychologists (Dr. Fahad Khan and Dr. Samar Harfi) maintain overall responsibility for Interns' training experiences. Dr. Fahad Khan serves as the Clinical Director of Khalil Center and works with Dr. Samar Harfi in overseeing all functions of the clinical practice, including referrals, assignment of cases, assessment, treatment, and evaluation of students. Dr. Gregory Sarlo plays a supportive role in clinical training. Staff members carry clinical responsibility for the cases being supervised and provide supervision. Drs. Khan, Harfi, along with postdoctoral supervisors Drs. Quadri and Syed, provide required regularly scheduled supervision (individual and group). Supervision is provided with the specific purpose of addressing and evaluating psychological services rendered directly by the trainee.

Training at KC

Interns not only gain experience with a diverse array of presenting concerns but are also encouraged to personally and professionally grow as a clinician, finding their assortment of skillsets that are unique to them. Interns will have the opportunity to serve diverse populations, most especially American Muslim clients and learn about offering service at a community-oriented treatment center. Interns will also learn about spiritually integrated psychotherapy and potentially have the opportunity to participate in some grant funded applied research on spiritually integrated psychotherapeutic modalities and attend related academic conferences. Interns will provide individual, family, couple, and group therapy, psychological testing, services to local private schools as well as community preventative educational seminars and workshops. Clients' typical diagnostic presentations may vary from acute to chronic difficulties. Khalil Center is a not-for profit 501c3 and has a 'services over finances' policy, providing services to all irrespective of financial circumstances. These include clients who are insured, uninsured or not covered by their insurance.

Additionally, given the community-oriented culture of the center, interns will be required to correspond with local community leaders, centers, agencies in setting up and planning community-based programming on and off-site. These may include arranging for and conducting speaking arrangements, trainings, providing support services or community prevention services.

Interns will also participate in data collection and program evaluation of our clinical program. Interns are also given the opportunity to provide direct weekly clinical and administrative peer supervision for therapy externs training at Khalil Center. Interns typically engage in at least 15-20 hours of direct service weekly. The remaining weekly clinical hours are spent in supervision, research, assessment administration, community programming or program development, scoring, and report writing.

At the completion of the internship experience, interns will demonstrate competency in domains set forth by APA in the treatment, assessment, group work, case management, and consultation. The ideal at the end of Internship is to attempt to produce through Khalil Center excellence in training the best possible readiness for professional practice as a doctoral level psychologist candidate. Additionally, interns will have an appreciation for and specific competencies in spiritually integrated psychotherapy, cultural competency particularly in working with American Muslims.

KC Intern Benefits

- **Stipend**
 - \$32,000 per year *Stipends are not based on clients' ability to pay.
- **Vacation**
 - Interns are eligible for ten (10) paid vacation days during their Internship. Vacation time off must be scheduled at least one (1) month in advance and be approved by the Clinical Director. Vacation days may also be used one at a time.
- **Family Leave**
 - Interns may take up to three (3) days off for a death in the family. These days are not deducted from vacation days. Adjustments are made on a case-by-case basis.
- **Holidays**
 - Interns will be eligible for the following holidays during their training: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Eid al-Fitr (day of and day after) and Eid al-Adha (day of and day after), as well as Christmas Day. Due to patients being especially vulnerable during the holidays and needing additional support, we do not encourage Interns to schedule extended time off during these periods.
- **Sick Time**
 - Interns are eligible for three (3) paid sick days during their Internship. Interns must notify the Clinical Director at least two (2) hours prior to their scheduled start time if calling in sick or unable to report to the site for other reasons. Should an illness continue for more than one (1) day, the Intern must notify the Clinical Director on each consecutive day of his/her absence.
- **Dissertation Work Time**
 - Interns may incorporate up to five (5) hours per week to work on their dissertations.
- **Conference Time**
 - Interns may request up to two (2) days off to attend a non-IPAPIC sponsored

training. Interns are required to schedule the time off with supervisors at least a month in advance.

Psychological Consultations (PC)

APPIC Match Number: 215811

Psychological Consultations is a private group practice located in the Lakeview area of Chicago, Illinois. Interns at PC provide psychological services to diverse populations, most especially Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) clients. Other areas of practice at PC include individual, family, couples, and group therapy, as well as cooperative treatment of HIV/AIDS-impacted persons. Services conducted at PC include therapy, assessment, groups, and consulting. PC also offers neuropsychological assessment and rehabilitation assessment for the state of Illinois. PC is a relational site with an emphasis on process and professional growth.

At Psychological Consultations (PC), Dr. Gregory Sarlo maintains overall responsibility for Intern training experiences. Dr. Sarlo is an active Licensed Clinical Psychologist in Illinois. He is the Clinical Director of PC and oversees all functions of the clinical practice, including referrals, case assignments, assessment, treatment, as well as evaluation of Interns.

PC's staff consists of two Illinois Licensed Psychologists and several assessment and therapy externs. Staff members carry clinical responsibility for the cases being supervised and provide supervision. Drs. Sarlo and Brewer provide at least two hours per week of regularly scheduled individual supervision. Supervision is provided with the specific purpose of addressing and evaluating psychological services rendered directly by the Intern.

Training at PC

At PC, Interns not only gain experience with a diverse array of presenting concerns but are also involved in learning the nature of running a group private practice. Clients' typical diagnostic presentations vary from acute to chronic difficulties. Some clients may not have insurance, while others may utilize private insurance. In addition, the Intern at PC acts as the Administrative Intern for IPAPIC and is involved with organizing Consortium-wide didactics, authoring and editing training materials for both the externship and Internship application processes, and engaging in other Consortium-related activities. Interns are also given the opportunity to provide direct weekly clinical and administrative peer supervision for 4-7 diagnostic and therapy externs training at PC. Interns typically engage in at least 15-20 hours of direct service weekly. The remaining clinical hours during the week are spent in providing and obtaining supervision, research, assessment administration, scoring, and report writing. At the completion of the Internship experience, Interns will demonstrate competency in domains set forth by APA in treatment, assessment, group work, case management, and consultation. Through PC's excellence in training, the ideal at the end of the Internship year is to attempt to produce the best possible readiness for professional practice as a doctoral level psychologist candidate.

PC Intern Benefits

- **Stipend**
 - \$32,000 per year *Stipends are not based on clients' ability to pay.
- **Vacation**
 - Interns are eligible for ten (10) paid vacation days during their Internship. Vacation time off must be scheduled at least one (1) month in advance and be approved by the Clinical Director. Vacation days may also be used one at a time.
- **Family Leave**
 - Interns may take up to three (3) days off for a death in the family. These days are not deducted from vacation days. Adjustments are made on a case-by-case basis.
- **Holidays**
 - Interns will be eligible for the following holidays during their training: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day. Due to patients being especially vulnerable during the holidays and needing additional support, we do not encourage Interns to schedule extended time off during these periods.
- **Sick Time**
 - Interns are eligible for three (3) paid sick days during their Internship. Interns must notify the Clinical Director at least two (2) hours prior to their scheduled start time if calling in sick or unable to report to the site for other reasons. Should an illness continue for more than one (1) day, the Intern must notify the Clinical Director on each consecutive day of his/her absence.
- **Dissertation Work Time**
 - Interns may incorporate up to five (5) hours per week to work on their dissertations.
- **Conference Time**
 - Interns may request up to two (2) days off to attend a non-IPAPIC sponsored training. Interns are required to schedule the time off with supervisors at least a month in advance.

TRAINING SCHEDULE

Didactic trainings are presented weekly for at least 2 hours to all IPAPIC Interns. Many training opportunities are offered over the course of the training experience; some are mandatory and many more are optional depending on your interest area. Approval must be received from your supervisor prior to attending any outside or non-mandatory training, when it conflicts with your training or clinical schedule. Trainings include seminars, case presentations, group supervision, and grand rounds. The following schedule represents the scheduled didactic trainings offered routinely during the training year. Regardless of which site an Intern is matched, Interns may attend trainings at other consortium sites, schedule permitting. In fact, each Friday all Interns attend an IPAPIC Consortium-Wide Didactic. Various IPAPIC training tracks routinely offer additional seminars, which are available at no cost to all IPAPIC Interns.

Listed on the following pages is the tentative consortium training schedule. Intern training is shared across sites to offer a breadth of training. Interns attend the weekly consortium didactic/seminar, as well as any track specific didactics required at their site. Interns are required to attend weekly didactics with the consortium Intern cohort. Supervisor availability may lead to scheduling adjustments.

2025-2026 Didactic Training Schedule

Didactics will take place weekly via Zoom, unless otherwise specified

Friday 9:00-11:00 didactic training, followed by 11:00-12:00 peer supervision.

Week	Date	Name of Training	Presenter
Week 1	07/04/25	4 th of July Holiday	
Week 2	07/11/25	Pain Management: Diagnosis & Treatment	Patricia Ann Pimental, Psy.D, ABN, AAPM, FACP
Week 3	07/18/25	Utilizing Supervision	Daniel Brewer, Psy.D.
Week 4	07/25/25	State of Mental Health & the Need for Spiritual Integration	Fahad Khan, Psy.D.
Week 5	08/01/25	HIV 101: Treatment implications for working with HIV positive clients	Gregory Sarlo, Psy.D.
Week 6	08/08/25	LGBTQIA 101: Working with LGBTQIA Clients	Daniel Brewer, Psy.D.
Week 7	08/15/25	The Psychotherapeutic Frame	Cindy Trawinski, Psy.D.
Week 8	08/22/25	Disability and Intersectionality: Embracing Inclusive Policy and Practice	Erin M Liebich, Psy.D.
Week 9	08/29/25	Rorschach Part 1	Gregory Sarlo, Psy.D.
Week 10	09/05/25	Working on Therapist Bias - An Experiential Approach	Cindy Trawinski, Psy.D.
Week 11	09/12/25	Introduction to ACT	Erin M Liebich, Psy.D.
Week 12	09/19/25	Effectively Working with Muslim Clients	Fahad Khan, Psy.D.
Week 13	09/26/25	Treating Suicidal Ideation in Therapy	Erin M Liebich, Psy.D.
Week 14	10/03/25	WAIS, A Different Perspective Part 1	Gregory Sarlo, Psy.D.
Week 15	10/10/25	Evaluation of Client Progress and Treatment Effectiveness	Fahad Khan, Psy.D.
Week 16	10/17/25	WAIS, A Different Perspective Part 2	Gregory Sarlo, Psy.D.
Week 17	10/24/25	Collaborative Psychological Assessment	Erin M Liebich, Psy.D.
Week 18	10/31/25	Early Contributions of Arabs to Psychology: The Forgotten History	Fahad Khan, Psy.D.
Week 19	11/07/25	Interns Attend IPA Convention November 5-7	
Week 20	11/14/25	Therapeutic Considerations When Working with Same-Sex Couples	Daniel Brewer, Psy.D.
Week 21	11/21/25	Sandplay Therapy *In Person*	Erin M Liebich, Psy.D.
Week 22	11/28/25	THANKSGIVING HOLIDAY WEEKEND	
Week 23	12/05/25	Ethical Issues: A Decision-Making Model	Gregory Sarlo, Psy.D.
Week 24	12/12/25	Mind-Body-Spirit in Practice	Fahad Khan, Psy.D.
Week 25	12/19/25	Formal Verses Informal Post Doc	Rebecca Garza, Psy.D.
Week 26	12/26/25	WINTER HOLIDAY	
Week 27	01/02/26	WINTER HOLIDAY	
Week 28	01/09/26	Autism Spectrum Disorder: Assessment & Treatment	Erin M Liebich, Psy.D.
Week 29	01/16/26	Sports Psychology	Karla Steingraber, Psy.D.

Week 30	01/23/26	Dream Work within Spiritually Integrated Therapy	Fahad Khan, Psy.D.
Week 31	01/30/26	Eating disorder conceptualization and treatment	Abby Brown, Psy.D.
Week 32	02/06/26	Introduction to Traditional Islamically Integrated Psychotherapy Model	Fahad Khan, Psy.D.
Week 33	02/13/26	Working with Couples: Interventions & Techniques Using EFT	Erin M Liebich, Psy.D.
Week 34	02/20/26	Between Needs and Desires: Shifting the Focus of Treatment	Fahad Khan, Psy.D.
Week 35	02/27/26	Part 1 Trauma Work Using Narrative Exposure Therapy **Training is in person at Center for Personal Growth	Kelly Santoyo, Psy.D.
Week 36	03/06/26	Part 2 Trauma Work Using Narrative Exposure Therapy **Training is in person at Center for Personal Growth	Kelly Santoyo, Psy.D.
Week 37	03/13/26	What's Your Everest: The Science of Self-Actualization	Karla Steingraber, Psy.D.
Week 38	03/20/26	Projective Integration and Cognitive Instruments: Rorschach Part II	Gregory Sarlo, Psy.D.
Week 39	03/27/26	Mental Illness and Islamic Law: Cultural Implications on Muslim Americans	Fahad Khan, Psy.D.
Week 40	04/03/26	SPRING BREAK/GOOD FRIDAY	
Week 41	04/10/26	Modern Technologies: Their Effect on Human Development and Mental Health	Fahad Khan, Psy.D.
Week 42	04/17/26	Starting A Private Practice Part 1	Erin M Liebich, Psy.D.
Week 43	04/24/26	Starting A Private Practice Part 2	Erin M Liebich, Psy.D.
Week 44	05/01/26	Childhood Obesity in Clinical Mental Health Practice	Fahad Khan, Psy.D.
Week 45	05/08/26	Drug Use and Sexual Addiction Issues with Gay Men	Daniel Brewer, Psy.D.
Week 46	05/15/26	Disability Justice & Intersectionality	Erin M Liebich, Psy.D.
Week 47	05/22/26	Don't Stop Parenting	Karla Steingraber, Psy.D.
Week 48	05/29/26	Living with Chronic Illness: The Trauma of Organ Transplant	Blaine Lesnik, Psy.D.
Week 49	06/05/26	Saying Goodbye: Addressing Clinical Termination	Daniel Brewer, Psy.D.
Week 50	06/12/26	Licensing & Board Certification	Erin M Liebich, Psy.D.
Week 51	06/19/26	Advocacy 101	Gregory Sarlo, Psy.D.
Week 52	06/26/26	FINAL Intern Didactic Process Group	Brewer & Sarlo

DISCIPLINARY AND GRIEVANCE PROCEDURES

Due Process Guidelines

Due process ensures that disciplinary decisions about Interns are not arbitrary or personally based. Due process guidelines include:

1. During the orientation period, Interns are presented in writing the IPAPIC expectations related to professional functioning. These expectations are discussed in both group and individual settings.
2. During the orientation period, the Illinois Psychological Association Psychology Internship Consortium Handbook is provided to all Interns and reviewed.
3. Interns meet at regularly scheduled intervals with their supervisor and with the Director of Training.
4. IPAPIC will use input from multiple professional sources when making decisions or recommendations regarding the Intern's performance.

The basic meaning of Due Process is to inform and to provide a framework to respond, act, or dispute. When a matter cannot be resolved informally, the grievance procedure is used.

Due Process in Action

The IPAPIC Due Process in all tracks (training sites) involves the three key elements including: Notice to the Intern, a Hearing before the IPAPIC Board, and the ability to file an Appeal.

- **Notice** – The Intern will be notified of problematic behavior by their membership site supervisor; problematic behavior will be clearly identified to the Intern; and the membership site will indicate both verbally and in writing how the problem(s) is being addressed.
- **Hearing** – The primary site supervisor will meet with the Intern and review the problematic behavior both verbally and in writing. The Intern may request a hearing before the IPAPIC Clinical Training Director, where the Intern has an opportunity to respond to the concerns.
- **Appeal** – The Intern also has an opportunity to appeal the actions taken by the IPAPIC Clinical Training Director regarding the identified problematic behavior. The full IPAPIC Board of Directors will review the appeal.

In cases of severe violations of the APA Code of Ethics, imminent physical or psychological harm to a client is a major factor, or the Intern is unable to complete the full required training experience due to physical, mental or emotional illness, either administrative leave or dismissal will be invoked immediately.

See Appendix A—RECORD OF PROBLEMATIC BEHAVIOR

Problematic Behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to acquire professional skills in order to reach an acceptable level of competency dictated by APA for this level of training; and/or
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction, which interfere with professional functioning.

Professional standards and behaviors include, but are not limited to, the following:

1. Reporting to the Internship on time
2. Completing all assignments in a timely and satisfactory manner
3. Establishing an acceptable attendance pattern
4. Being courteous and respectful to clients, families, physicians, visitors, supervisors, externs, and each other
5. Adhering to dress code
6. Being alert and functioning at peak efficiency
7. Not removing IPAPIC, client, or employee property
8. Not being under the influence of alcohol or drugs while on duty
9. Not being insubordinate

It is a professional judgment as to when a Intern's behavior becomes problematic rather than that of concern. Interns may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments when they include one or more of the following characteristics:

1. The Intern does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training;
3. The quality of services delivered by the Intern is sufficiently and negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The Intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff is mindful, and so, balances the needs of the impaired or problematic Intern, the clients involved, members of the training group, the training staff, and other agency personnel.

*See Appendix B—**DEFINITIONS OF REMEDIATION***

Procedures for Responding to Inadequate Performance by an Intern

If an Intern receives a “Significant Development Needed” rating from any of the evaluation sources in any of the major categories on the *Illinois Psychological Association Psychology Internship Consortium Intern Evaluation*, or if a staff member has concerns about a Intern’s behavior (ethical or legal violations, professional incompetence, etc.), the following procedures will be initiated:

1. The staff member will consult with the Consortium Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the Director is not the Intern’s primary supervisor, the Director will discuss the concern with the Intern’s primary supervisor.
3. If the Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Director will inform the staff member who initially brought the compliant.
4. Whenever a decision has been made by the Director about an Intern’s training program or status within IPAPIC, the Director will inform the Intern in writing and will meet with the Intern to review the decision. This meeting may include the Intern’s primary supervisor. If the Intern accepts the decision, any formal action taken by the Director may be communicated in writing to the Intern’s academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
5. The Intern may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are presented in the grievance procedure.

Grievance Procedure

There are two situations in which grievance procedures can be initiated.

1. In the event that the Intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, the Intern can:
 - a. Discuss the issue with the staff member(s) involved
 - b. If the issue cannot be resolved informally, the Intern should discuss the concern with the Consortium Training Director or another member of the management team.
 - c. If the Director or member of the management team cannot resolve the issue, the Intern can formally challenge any action or decision taken by management, the supervisor, or any member of the training staff by following the below procedure:
 - i. The Intern should file a formal complaint, in writing with all supporting documents to the Director. If the Intern is challenging a formal evaluation, the Intern must do so within five (5) days of receipt of the evaluation.

- ii. Within three (3) days of a formal complaint, the Director will consult and implement the IPAPIC Board Review Panel procedures described below.
2. If a training staff member has a special concern about an Intern, the staff members should:
 - a. Discuss the issue with the Intern(s) involved
 - b. Consult with the Director
 - c. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents to the Director who will then review the situation. When this occurs, the Director will:
 - i. Within three (3) days of a formal complaint, implement the IPAPIC Board Review Panel Procedure described below.

Review Panel Procedure and Process

1. When needed, the Director will convene a review panel of IPAPIC Board members. The panel will consist of three staff members selected by the Director with recommendations from the Intern involved in the dispute. The Intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within five workdays, a hearing will be conducted in which the challenge is heard and relevant material is presented. Within three workdays of the completion of the reviews, the Review Panel will submit a written report to the Director, including any recommendations for further action. Recommendations made by the IPAPIC Board Review Panel will be made by majority vote.
3. Within three (3) workdays of receipt of the recommendations, the Director will either accept or reject the IPAPIC Board Review Panel's recommendations. If the recommendations are rejected due to an incomplete or inadequate evaluation of the dispute, the Director may refer the matter back to the IPAPIC Board Review Panel for further deliberation and revised recommendations or may make a final decision.
4. If referred back to the panel, they will report back to the Director within five (5) workdays of the receipt of the request for further deliberation. The Director will make a final decision regarding what action is to be taken.
5. The Director will then inform the Intern, staff members involved, and, if necessary, members of the training staff of the decision as well as any action to be taken.

CODE OF CONDUCT

All Interns are required to conduct themselves in accordance with the APA Code of Ethics, Illinois Mental Health Code, Illinois Confidentiality Act, and HIPAA.

Interns may not engage in non-professional relationships with clients during treatment or for a period of two years following discharge. Non-professional behavior consists of any of the following:

- o Dating clients or members of their immediate family
- o Physical intimacy

- Gambling
- Obtaining alcohol, drugs, or other contraband for the benefit of the client
- Accepting gratuities or soliciting
- Assuming responsibilities for client on a pass
- Entertaining a client in one's home
- Visiting a client in their home for anything other than facility business/treatment
- Sharing privileged information about the client

IPAPIC has affiliations with agencies outside of the consortium, and it is vital that all Intern relationships and interactions with personnel of IPAPIC affiliates be strictly professional in nature. With regard to interactions with affiliate personnel or members of their immediate family, Interns are prohibited from:

- Engaging in a personal relationship or physical intimacy
- Participating in gambling or any illegal activity
- Obtaining or consuming alcohol, drugs, or other contraband
- Accepting gratuities
- Soliciting or conducting other business during training hours
- Entertaining affiliate staff members in one's home

DRESS CODE

It is the expectation and requirement of IPAPIC that all Interns dress in a professional, business-like manner. Interns not in proper attire will be counseled and may be asked to return home to change clothing. The following is not considered appropriate attire: Clinging slacks, Clinging skirts or dresses, Skirts or dresses higher than two inches above knee, Low cut tops, Sleeveless tops, T-shirts, Transparent clothing, Visible underwear, Jeans with holes (only allowed on Fridays unless otherwise designated), Athletic wear (i.e., jogging pants, sports T-shirts), Stiletto heels (1" is the maximum height allowed for heels), Open-toed sandals or shoes, Unclean sneakers, Visible Tattoos.

GUIDELINES FOR TELESUPERVISION

Definitions:

Telesupervision is clinical supervision of psychological services through a synchronous audio and/or video format where the supervisor is not in the same physical facility as the Intern (AKA Remote supervision via “Skype,” “FaceTime,” Phone, etc).

In-Person Supervision is clinical supervision of psychological services where the supervisor is physically in the same room as the Intern.

Policy on Telesupervision:

Explicit rationale for using Telesupervision:

- IPAPIC strongly believes in the benefits of in-person supervision and therefore will utilize “Telesupervision” in a very minimal fashion. In accordance with APA guidelines,

because IPAPIC may – on rare occasion – utilize Telesupervision, we have adopted this formal policy designed to address its utilization. Telesupervision will be utilized only when plans for in-person supervision are not possible or would present significant challenges to either the supervisor or Intern (such as when a supervisor is off-site) or if Telesupervision would prevent missing a single weekly in-person individual supervision. We also wish to distinguish Telesupervision from routine phone consultation with supervisors, which should be ongoing. By Telesupervision, we are referring to utilizing remote supervision in place of an in-person, scheduled, clinical hour, and formal supervision period.

How Telesupervision is consistent with the overall model and philosophy of training:

- IPAPIC is dedicated to providing superior quality and quantity supervision to all Interns. Two hours per week of regularly scheduled individual supervision is provided to Interns by doctoral-level Licensed Psychologists. Weekly supervisions are centered on their provision of clinical and administrative services. In addition, Interns are required to attend all training requirements, which may include weekly group supervisions, staff meetings, and professional development seminars/didactics. Supervision is provided with the specific purpose of addressing and evaluating psychological services rendered directly by the Intern. Interns will be expected to diversify their training experience by working with every supervisor in accordance with the supervisor's area of professional expertise. Telesupervision will be utilized as a minimal supplement to in-person supervision in order to maintain communication and supervision continuity with Interns.

How and when Telesupervision is utilized in clinical training:

- Telesupervision will be utilized when plans for in-person supervision are not possible, when in-person supervision would present significant challenges/hardship to either the supervisor or Intern, when Telesupervision would prevent missing a single weekly in-person individual supervision, when a supervisor is off-site or traveling for personal or professional reasons, or in other limited incidences deemed appropriate by a licensed supervisor. When scheduling Telesupervision, efforts will be made to utilize the originally scheduled in-person supervision time. When it is not possible to maintain the regular in-person supervision schedule, Intern and supervisor should work collaboratively to find a mutually agreed upon alternative time. Telesupervision will maintain the same duration and structure as in-person supervisions.

How it is determined which Interns can participate in Telesupervision:

- In accordance with APA guidelines, Telesupervision may not account for more than 50% (and should, in reality, account for a minimal percentage of overall supervision) of the total supervision and will not be utilized until it has been determined the Intern has had sufficient experience with in-person supervision in intervention at the doctoral level and possesses a level of competence to justify this modality of supervision in his/her sequence of training.

How the program ensures that relationships between supervisors and Interns are established at the onset of the supervisory experience:

- Telesupervision is not a substitute for regular in-person supervision, particularly at the onset of the supervisory relationship. Every effort will be made for initial supervisions to take place in person. Telesupervision will be utilized only after the licensed supervisor, in consultations with the Intern, has determined that Telesupervision is appropriate.

How an off-site supervisor maintains full professional responsibility for clinical cases:

- The supervising Licensed Clinical Psychologist maintains full professional responsibility for all clinical duties at IPAPIC at all times.

How non-scheduled consultation and crisis coverage are managed:

- As stated throughout IPAPIC policy, Licensed Clinical Supervisors are available to all Interns 24 hours a day, 7 days per week via phone for crisis coverage. Interns are aware they can contact their primary licensed supervisor immediately in the event of a clinical emergency. In the event they are unable to reach their primary supervisor, they should contact the other licensed supervisors at IPAPIC.

How privacy and confidentiality of the client and Interns are assured:

- Telesupervision will be conducted when both parties have access to a private and confidential space where interruptions can be minimized or prevented. Both supervisor and Intern should make every effort to ensure the physical space is appropriate for supervision. Further, efforts will be made to utilize communication modalities where privacy can be reasonably assured (wired, cellular, voice over internet, or video modalities).

The technology and quality requirements and any education in the use of this technology that is required by either Intern or supervisor:

- Face-to-face Telesupervision through a synchronous audio and video format is preferred to voice only Telesupervision. Supervisors and Interns will agree in advance of a scheduled Telesupervision on the ideal method of communication for a given circumstance. Training, in advance of the scheduled Telesupervision, will be provided in person to both supervisor and Intern.

EQUITY, DIVERSITY, AND INCLUSION (EDI) POLICY

The Illinois Psychological Association Psychology Internship Consortium (IPAPIC) affirms its commitment to building a working community which is equitable and inclusive. This means that in all aspects of its operations and at all levels of the organization, IPAPIC works to ensure that there is no discrimination on the basis of, but not limited to, ethnicity, language, race, age, ability, sex, sexual or gender identity, sexual orientation, family status, income, immigrant or refugee status, nationality, place of birth, generational status, political or religious affiliation. The IPAPIC recognizes that barriers to employment and services may exist due to immigration or refugee status based on legislation and/or contractual funding obligations. Generational status is

intended to protect individuals with citizenship who are first, second or third generation immigrants from discrimination.

The IPAPIC encourages individuals to participate fully and to have complete access to its services, employment, governance structures (Board of Directors, Committees of the board and any board working groups that may be convened), and volunteer opportunities. It shall make every effort to see that its structure, policies and systems reflect all aspects of the total community and to promote equal access to all. To this end, IPAPIC strives to ensure that:

- Discriminatory or oppressive behaviors are not tolerated;
- Individuals who engage with IPAPIC services are valued participants who have opportunities to shape and evaluate our programs;
- Community programs and services are developed and delivered in inclusive ways to individuals in marginalized communities and are sensitive to the needs of diverse groups;
- Programs are delivered in such a way that systemic barriers to full participation and access are eliminated and so that positive relations and attitudinal change towards marginalized groups are promoted;
- Services are provided with sensitivity to the influence of power and privilege in all relationships, including service relationships, and are delivered in keeping with anti-oppression principles;
- Communication materials present a positive and balanced portrayal of people's diverse experiences.

This policy is intended to act as a positive force for equity in our working community.

Scope

This policy applies to all IPAPIC clients, employees, volunteers and students as well as prospective students and staff.

Procedures

1. IPAPIC has and will continue to work to embed the principles detailed in this policy within all relevant policies and procedures to ensure that equity and inclusion guides IPAPIC in all of its endeavors.
2. In pursuit of the guidelines provided by APA on multiculturalism and diversity competency, IPAPIC has always been committed to address the cultural awareness and knowledge of self and others, education, research, practice, organizational change and policy development in all of our philosophies and approaches to individuals.
3. Individuals who believe that they have experienced harassment or discrimination in an IPAPIC context are encouraged to use the following policies and procedures in our grievance document to have their concerns or complaints addressed. Employees, volunteers and students refer to the Grievance Policy and Procedures within IPAPIC.

NOTE: Clients and community members may contact the Clinical Director for Assistant Clinical Director for concerns and grievances which need to be addressed.

EQUAL OPPORTUNITY EMPLOYER POLICY

IPAPIC is an Equal Opportunity Employer. IPAPIC supports recruitment selection, training, promotion, benefits, transfer, layoff, return to employment, tuition reimbursement, social and recreational programs, and compensation to all qualified persons without regard to age, race, ethnicity, sex, gender identity, sexual orientation, religion/spiritual beliefs, national origin, ability, socioeconomic status, physical or mental handicap unrelated to ability to perform required job duties with reasonable accommodation. IPAPIC employs individuals who are qualified and capable by experience and/or education to care for clients with a mental illness.

APPENDIX A: RECORD OF PROBLEMATIC BEHAVIOR

Name: _____ Title: _____
Training Site: _____ Date: _____

Action:

- Written Acknowledgement of Performance Concerns
- Written Warning
- Schedule Modification
- Probation
- Suspension of Direct Service Activities
- Administrative Leave
- Dismissal from Training Program

Description of Incident (*Describe the problem with relevant dates and details; identify the policy, rule or standard violated*)

Identify consequences of repeat violations or continued poor performance.

List previous disciplinary actions and dates.

Intern's Comments

Intern's signature below indicates the above disciplinary action was discussed with them and a copy was also provided to the Intern.

Intern Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

APPENDIX B: DEFINITIONS OF REMEDIATION

Verbal Warning: emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

Written Acknowledgement: formally acknowledges (all may be in the form of email records):

1. That the Director is aware of and concerned with the performance rating;
2. That the concern has been brought to the attention of the Intern;
3. That the Director will work with the Intern to rectify the problem or skill deficits; and
4. That the behaviors associated with the rating are not significant enough to warrant more serious action.

Any written acknowledgment will be removed from the Intern's file when the Intern responds to the concerns and successfully completes the Internship.

Written Warnings: indicate the need to discontinue an inappropriate action or behavior. This letter will contain:

1. A description of the unsatisfactory performance, including what domains are not successfully being met according to APA competencies for this level of training;
2. Actions needed to correct the unsatisfactory behavior;
3. The timeline for correcting the problem;
4. What action will be taken if the problem is not corrected; **Note:** this action depending upon the level of egregious severity, such as a severe liability issue to the site, ethical concerns, and/or professional comportment issues may result in termination if the behaviors are not remediated by the designated timeline presented; and
5. Notification that the Intern has the right to request a review of this action.

This written warning must contain the components of the *Record of Problematic Behavior Form*; however, it may be contained into one document if more than one Problematic Behavior exists. A copy of the above documentation will be retained in the Intern's file. The Director, in consultation with the Intern's supervisor, may consider removing this documentation at the successful completion of the training experience. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

Schedule Modification: a time-limited, remediation-oriented, closely-supervised period of intensive training designed to return the Intern to a more fully functioning state. Modifying a schedule is an accommodation made to assist the Intern in responding to personal reactions to environmental stress with the full expectation that the Intern will complete the training experience. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

1. Increasing the amount of supervision, either with the same or additional supervisors;
2. Changes in the format, emphasis, and/or focus of supervision;
3. Recommending personal therapy;

4. Reducing clinical and other workload; and/or
5. Requiring specific academic coursework.

The length of a schedule modification period and termination of the modification period will be determined by the Director in consultation with the primary supervisor.

Probation: a time-limited, remediation-oriented, more closely supervised training period. Its purpose is assessing the ability of the Intern to complete the training experience and to return to a more fully functional state. Probation defines a relationship that the Director systematically monitors for a specific length of time—the degree to which the Intern addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating. The Intern is informed of the probation in a written statement, which includes:

1. The specific behaviors associated with the unacceptable rating;
2. The recommendations for rectifying the problem;
3. The timeframe for the probation during which the problem is expected to be ameliorated;
4. The procedures to ascertain whether the problem has been appropriately rectified.

If the Director determines that there has not been sufficient improvement in behavior to remove the Probation or modified schedule, then the Director will discuss with the primary supervisor possible courses of action to be taken. The Director will communicate in writing to the Intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Director has decided to implement. These may include continuation of the remedial efforts for a specified time period or implementation of another alternative.

Suspension of Direct Service Activities: a determination that the welfare of the Intern's clients may be jeopardized. Therefore, direct service activities will be suspended for a specific period as determined by the Director. At the end of the suspension period, the supervisor, in consultation with the Director, will assess the Intern's capacity for effective functioning and determine when direct service can be resumed.

Administrative Leave: the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Services Activities, or Administrative Leave interferes with the successful completion of the training hours needed for the completion of the training experience, this will be noted in the Intern's file and the Intern's academic program will be informed. The Director will inform the Intern of the effects that the administrative leave will have on their stipend and accrual benefits.

Dismissal from the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable designated time period, rectify the impairment, and the Intern seems unable or unwilling to alter his/her behavior, the Director will review the possibility of termination from the training program or dismissal from IPAPIC. Either administrative leave or dismissal will be invoked in cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, the Intern is unable to complete the full required training experience due

to physical, mental or emotional illness, or the Intern presents a significant liability or risk management issue to the training site. When an Intern has been dismissed, the Director will communicate to the academic department that the Intern has not successfully completed the training experience.

APPENDIX C: Competency Benchmarks in Professional Psychology

Welcome to the Illinois Psychological Association Psychology Internship Consortium (IPAPIC). As an intern, you are embarking on a pivotal journey that bridges your academic training with practical, hands-on experience. IPAPIC is dedicated to ensuring that you emerge from this internship fully prepared for entry-level practice in the field of psychology.

Our program rigorously follows the American Psychological Association (APA) competency benchmarks for readiness, providing a structured framework to cultivate the necessary knowledge, skills, and attitudes essential for professional practice. By the end of your internship, you will be expected to meet the APA's Minimum Levels of Achievement (MLAs) in several key areas as highlighted in yellow below:

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
1A. Integrity - Honesty, personal responsibility and adherence to professional values	Understands professional values; honest, responsible	Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values
1B. Deportment		
Understands how to conduct oneself in a professional manner	Communication and physical conduct (including attire) is professionally appropriate, across different settings	Conducts self in a professional manner across settings and situations
1C. Accountability		
Accountable and reliable	Accepts responsibility for own actions	Independently accepts personal responsibility across settings and contexts
1D. Concern for the welfare of others		
Demonstrates awareness of the need to uphold and protect the welfare of others	Acts to understand and safeguard the welfare of others	Independently acts to safeguard the welfare of others

1E. Professional Identity		
Demonstrates beginning understanding of self as professional: “thinking like a psychologist”	Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context		
Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others	Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation
2B. Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings	Applies knowledge of others as cultural beings in assessment, treatment, and consultation	Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others	Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation
2D. Applications based on Individual and Cultural Context		
Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)	Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work

<p>3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.</p>		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
<p>3A. Knowledge of ethical, legal and professional standards and guidelines</p>		
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting	Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
<p>3B. Awareness and Application of Ethical Decision Making</p>		
Demonstrates awareness of the importance of applying an ethical decision model to practice	Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	Independently utilizes an ethical decision-making model in professional work
<p>3C. Ethical Conduct</p>		
Displays ethical attitudes and values	Integrates own moral principles/ethical values in professional conduct	Independently integrates ethical and legal standards with all competencies

<p>4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.</p>		
<p>4A. Reflective Practice</p>		
Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice	Displays broadened self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity	Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as a therapeutic tool
<p>4B. Self-Assessment</p>		
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills
<p>4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)</p>		
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	Self-monitors issues related to self-care and promptly intervenes when disruptions occur
<p>4D. Participation in Supervision Process</p>		
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	Effectively participates in supervision	Independently seeks supervision when needed

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
5A. Interpersonal Relationships		
Displays interpersonal skills	Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities
5B. Affective Skills		
Displays affective skills	Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	Manages difficult communication; possesses advanced interpersonal skills
5C. Expressive Skills		
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills	Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of professional language and concepts

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
6A. Scientific Mindedness		
Displays critical scientific thinking	Values and applies scientific methods to professional practice	Independently applies scientific methods to practice
6B. Scientific Foundation of Psychology		
Demonstrates understanding of psychology as a science	Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)
6C. Scientific Foundation of Professional Practice		
Understands the scientific foundation of professional practice	Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	Independently applies knowledge and understanding of scientific foundations independently applied to practice

7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities

7A. Scientific Approach to Knowledge Generation

Participates effectively in scientific endeavors when available	Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	Generates knowledge
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7B. Application of Scientific Method to Practice

No expectation at this level	Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	Applies scientific methods of evaluating practices, interventions, and programs
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IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
8A. Knowledge and Application of Evidence-Based Practice Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
9A. Knowledge of Measurement and Psychometrics Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	Selects assessment measures with attention to issues of reliability and validity	Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context
9B. Knowledge of Assessment Methods Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
9C. Application of Assessment Methods Demonstrates knowledge of measurement across domains of functioning and practice settings	Selects appropriate assessment measures to answer diagnostic question	Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice
9D. Diagnosis Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity

Assessment continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
9E. Conceptualization and Recommendations Demonstrates basic knowledge of formulating diagnosis and case conceptualization	Utilizes systematic approaches of gathering data to inform clinical decision-making	Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
9F. Communication of Assessment Findings Demonstrates awareness of models of report writing and progress notes	Writes assessment reports and progress notes and communicates assessment findings verbally to client	Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.		
10A. Intervention planning		
Displays basic understanding of the relationship between assessment and intervention	Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	Independently plans interventions; case conceptualizations and intervention plans are specific to case and context
10B. Skills		
Displays basic helping skills	Displays clinical skills	Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations
10C. Intervention Implementation		
Demonstrates basic knowledge of intervention strategies	Implements evidence-based interventions	Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate
10D. Progress Evaluation		
Demonstrates basic knowledge of the assessment of intervention progress and outcome	Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
11A. Role of Consultant		
No expectation at this level	Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	Determines situations that require different role functions and shifts roles accordingly to meet referral needs
11B. Addressing Referral Question		
No expectation at this level	Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions	Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question
11C. Communication of Consultation Findings		
No expectation at this level	Identifies literature and knowledge about process of informing consultee of assessment findings	Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
11D. Application of Consultation Methods		
No expectation at this level	Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
12A. Knowledge No expectation at this level	Demonstrates awareness of theories of learning and how they impact teaching	Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences
12B. Skills No expectation at this level	Demonstrates knowledge of application of teaching methods	Applies teaching methods in multiple settings

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
13A. Expectations and Roles		
Demonstrates basic knowledge of expectations for supervision	Demonstrates knowledge of, purpose for, and roles in supervision	Understands the ethical, legal, and contextual issues of the supervisor role
13B. Processes and Procedures		
No expectation at this level	Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise
13C. Skills Development		
Displays interpersonal skills of communication and openness to feedback	Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients
13D. Supervisory Practices		
No expectation at this level	Provides helpful supervisory input in peer and group supervision	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions		
No expectation at this level	Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals	Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts		
Cooperates with others	Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes		
No expectation at this level	Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals
14D. Respectful and Productive Relationships with Individuals from Other Professions		
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals	Develops and maintains collaborative relationships and respect for other professionals	Develops and maintains collaborative relationships over time despite differences

15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).

15A. Appraisal of Management and Leadership

No expectation at this level	<p>Forms autonomous judgment of organization's management and leadership</p> <p>Examples:</p> <ul style="list-style-type: none"> • Applies theories of effective management and leadership to form an evaluation of organization • Identifies specific behaviors by management and leadership that promote or detract from organizational effectiveness 	<p>Develops and offers constructive criticism and suggestions regarding management and leadership of organization</p> <p>Examples:</p> <ul style="list-style-type: none"> • Identifies strengths and weaknesses of management and leadership or organization • Provides input appropriately; participates in organizational assessment
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15B. Management

No expectation at this level	<p>Demonstrates awareness of roles of management in organizations</p>	<p>Participates in management of direct delivery of professional services; responds appropriately in management hierarchy</p>
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15C. Administration

Complies with regulations	<p>Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures</p>	<p>Demonstrates emerging ability to participate in administration of clinical programs</p>
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15D. Leadership

No expectation at this level	No expectation at this level	<p>Participates in system change and management structure</p>
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16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
16A. Empowerment		
Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention	Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	Intervenes with client to promote action on factors impacting development and functioning
16B. Systems Change		
Understands the differences between individual and institutional level interventions and system's level change	Promotes change to enhance the functioning of individuals	Promotes change at the level of institutions, community, or society

APPENDIX D: COMPETENCY BENCHMARKS RATING FORM

Trainee Name: _____

Name of Placement: _____

Date Evaluation Completed: _____

Name of Person Completing Form (please include highest degree earned): _____

Licensed Psychologist: Yes No

Was this trainee supervised by individuals also under your supervision? Yes No

Type of Review:

Initial Review Mid-placement review

Final Review

Other (please describe):

Dates of Training Experience this Review Covers: _____

Training Level of Person Being Assessed: Year in Doctoral Program: _____ Intern: _____

Select the column corresponding to the training level of the person being assessed. Rate items in that column by responding to the following question using the scale below:

How characteristic of the trainee's behavior is this competency description?

Not at All/Slightly 0	Somewhat 1	Moderately 2	Mostly 3	Very 4
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If you have not had the opportunity to observe a behavior in question, please indicate this by circling "No Opportunity to Observe" [N/O].

Near the end of the rating form, you will have the opportunity to provide a narrative evaluation of the trainee's current level of competence.

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportment that reflect the values and attitudes of psychology.						
READINESS FOR PRACTICUM			READINESS FOR INTERNSHIP			READINESS FOR ENTRY TO PRACTICE
1A. Integrity - Honesty, personal responsibility and adherence to professional values						
Understands professional values; honest, responsible 0 1 2 3 4 [N/O]			Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values 0 1 2 3 4 [N/O]			Monitors and independently resolves situations that challenge professional values and integrity 0 1 2 3 4 [N/O]
1B. Deportment						
Understands how to conduct oneself in a professional manner 0 1 2 3 4 [N/O]			Communication and physical conduct (including attire) is professionally appropriate, across different settings 0 1 2 3 4 [N/O]			Conducts self in a professional manner across settings and situations 0 1 2 3 4 [N/O]
1C. Accountability						
Accountable and reliable 0 1 2 3 4 [N/O]			Accepts responsibility for own actions 0 1 2 3 4 [N/O]			Independently accepts personal responsibility across settings and contexts 0 1 2 3 4 [N/O]

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM						READINESS FOR INTERNSHIP						READINESS FOR ENTRY TO PRACTICE					
1D. Concern for the Welfare of Others																	
Demonstrates awareness of the need to uphold and protect the welfare of others						Acts to understand and safeguard the welfare of others						Independently acts to safeguard the welfare of others					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
1E. Professional Identity																	
Demonstrates beginning understanding of self as professional; “thinking like a psychologist”						Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development						Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.																	
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context																	
Demonstrates knowledge, awareness, and understanding of one's own dimensions of diversity and attitudes towards diverse others						Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation						Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
2B. Others as Shaped by Individual and Cultural Diversity and Context																	
Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings						Applies knowledge of others as cultural beings in assessment, treatment, and consultation						Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context																	
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others						Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others						Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
2D. Applications based on Individual and Cultural Context		
<p>Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology.</p> <p>Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)</p> <p>0 1 2 3 4 [N/O]</p>	<p>Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation</p> <p>0 1 2 3 4 [N/O]</p>	<p>Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work</p> <p>0 1 2 3 4 [N/O]</p>
3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.		
3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines		
<p>Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting</p> <p>0 1 2 3 4 [N/O]</p>	<p>Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations</p> <p>0 1 2 3 4 [N/O]</p>	<p>Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines</p> <p>0 1 2 3 4 [N/O]</p>
3B. Awareness and Application of Ethical Decision Making		
<p>Demonstrates awareness of the importance of applying an ethical decision model to practice</p> <p>0 1 2 3 4 [N/O]</p>	<p>Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma</p> <p>0 1 2 3 4 [N/O]</p>	<p>Independently utilizes an ethical decision-making model in professional work</p> <p>0 1 2 3 4 [N/O]</p>
3C. Ethical Conduct		
<p>Displays ethical attitudes and values</p> <p>0 1 2 3 4 [N/O]</p>	<p>Integrates own moral principles/ethical values in professional conduct</p> <p>0 1 2 3 4 [N/O]</p>	<p>Independently integrates ethical and legal standards with all competencies</p> <p>0 1 2 3 4 [N/O]</p>

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.													
READINESS FOR PRACTICUM			READINESS FOR INTERNSHIP			READINESS FOR ENTRY TO PRACTICE							
4A. Reflective Practice													
Displays basic mindfulness and self-awareness; displays basic reflectivity regarding professional practice (reflection-on-action)	0	1	2	3	4	[N/O]	Displays broadened self-awareness; utilizes self-monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action	0	1	2	3	4	[N/O]
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	0	1	2	3	4	[N/O]	Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	0	1	2	3	4	[N/O]
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	0	1	2	3	4	[N/O]	Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	0	1	2	3	4	[N/O]
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	0	1	2	3	4	[N/O]	Effectively participates in supervision	0	1	2	3	4	[N/O]
4B. Self-Assessment			4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)			4D. Participation in Supervision Process							
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	0	1	2	3	4	[N/O]	Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	0	1	2	3	4	[N/O]
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	0	1	2	3	4	[N/O]	Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	0	1	2	3	4	[N/O]
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	0	1	2	3	4	[N/O]	Effectively participates in supervision	0	1	2	3	4	[N/O]
4D. Participation in Supervision Process			4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)			4D. Participation in Supervision Process							
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	0	1	2	3	4	[N/O]	Effectively participates in supervision	0	1	2	3	4	[N/O]
Effectively participates in supervision	0	1	2	3	4	[N/O]	Independently seeks supervision when needed	0	1	2	3	4	[N/O]

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
5A. Interpersonal Relationships		
Displays interpersonal skills 0 1 2 3 4 [N/O]	Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines 0 1 2 3 4 [N/O]	Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities 0 1 2 3 4 [N/O]
5B. Affective Skills		
Displays affective skills 0 1 2 3 4 [N/O]	Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively 0 1 2 3 4 [N/O]	Manages difficult communication; possesses advanced interpersonal skills 0 1 2 3 4 [N/O]
5C. Expressive Skills		
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills 0 1 2 3 4 [N/O]	Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language 0 1 2 3 4 [N/O]	Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts 0 1 2 3 4 [N/O]

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
6A. Scientific Mindedness		
Displays critical scientific thinking 0 1 2 3 4 [N/O]	Values and applies scientific methods to professional practice 0 1 2 3 4 [N/O]	Independently applies scientific methods to practice 0 1 2 3 4 [N/O]
6B. Scientific Foundation of Psychology		
Demonstrates understanding of psychology as a science 0 1 2 3 4 [N/O]	Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior) 0 1 2 3 4 [N/O]	Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior) 0 1 2 3 4 [N/O]
6C. Scientific Foundation of Professional Practice		
Understands the scientific foundation of professional practice 0 1 2 3 4 [N/O]	Demonstrates knowledge, understanding, and application of the concept of evidence-based practice 0 1 2 3 4 [N/O]	Independently applies knowledge and understanding of scientific foundations to practice 0 1 2 3 4 [N/O]
7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities		
7A. Scientific Approach to Knowledge Generation		
Participates effectively in scientific endeavors when available 0 1 2 3 4 [N/O]	Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology 0 1 2 3 4 [N/O]	Generates knowledge 0 1 2 3 4 [N/O]
7B. Application of Scientific Method to Practice		
No expectation at this level	Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs 0 1 2 3 4 [N/O]	Applies scientific methods of evaluating practices, interventions, and programs 0 1 2 3 4 [N/O]

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

FUNCTIONAL COMPETENCIES

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
8A. Knowledge and Application of Evidence-Based Practice		
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology 0 1 2 3 4 [N/O]	Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences 0 1 2 3 4 [N/O]	Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences 0 1 2 3 4 [N/O]

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

9A. Knowledge of Measurement and Psychometrics Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing 0 1 2 3 4 [N/O]	Selects assessment measures with attention to issues of reliability and validity 0 1 2 3 4 [N/O]	Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context 0 1 2 3 4 [N/O]
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9B. Knowledge of Assessment Methods

Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam 0 1 2 3 4 [N/O]	Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances 0 1 2 3 4 [N/O]	Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning 0 1 2 3 4 [N/O]
--	--	--

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
9C. Application of Assessment Methods		
Demonstrates knowledge of measurement across domains of functioning and practice settings 0 1 2 3 4 [N/O]	Selects appropriate assessment measures to answer diagnostic question 0 1 2 3 4 [N/O]	Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice 0 1 2 3 4 [N/O]
9D. Diagnosis		
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity 0 1 2 3 4 [N/O]	Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity 0 1 2 3 4 [N/O]	Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity 0 1 2 3 4 [N/O]
9E. Conceptualization and Recommendations		
Demonstrates basic knowledge of formulating diagnosis and case conceptualization 0 1 2 3 4 [N/O]	Utilizes systematic approaches of gathering data to inform clinical decision-making 0 1 2 3 4 [N/O]	Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment 0 1 2 3 4 [N/O]
9F. Communication of Assessment Findings		
Demonstrates awareness of models of report writing and progress notes 0 1 2 3 4 [N/O]	Writes adequate assessment reports and progress notes and communicates assessment findings verbally to client 0 1 2 3 4 [N/O]	Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner 0 1 2 3 4 [N/O]
10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.		
10A. Intervention planning		
Displays basic understanding of the relationship between assessment and intervention 0 1 2 3 4 [N/O]	Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation 0 1 2 3 4 [N/O]	Independently plans interventions; case conceptualizations and intervention plans are specific to case and context 0 1 2 3 4 [N/O]

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
10B. Skills		
Displays basic helping skills 0 1 2 3 4 [N/O]	Displays clinical skills 0 1 2 3 4 [N/O]	Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations 0 1 2 3 4 [N/O]
10C. Intervention Implementation		
Demonstrates basic knowledge of intervention strategies 0 1 2 3 4 [N/O]	Implements evidence-based interventions 0 1 2 3 4 [N/O]	Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate 0 1 2 3 4 [N/O]
10D. Progress Evaluation		
Demonstrates basic knowledge of the assessment of intervention progress and outcome 0 1 2 3 4 [N/O]	Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures 0 1 2 3 4 [N/O]	Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures 0 1 2 3 4 [N/O]
11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.		
11A. Role of Consultant		
No expectation at this level	Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher) 0 1 2 3 4 [N/O]	Determines situations that require different role functions and shifts roles accordingly to meet referral needs 0 1 2 3 4 [N/O]
11B. Addressing Referral Question		
No expectation at this level	Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions 0 1 2 3 4 [N/O]	Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question 0 1 2 3 4 [N/O]

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
11C. Communication of Consultation Findings		
No expectation at this level	Identifies literature and knowledge about process of informing consultee of assessment findings 0 1 2 3 4 [N/O]	Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations 0 1 2 3 4 [N/O]
11D. Application of Consultation Methods		
No expectation at this level	Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings 0 1 2 3 4 [N/O]	Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases 0 1 2 3 4 [N/O]

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
12A. Knowledge		
No expectation at this level	Demonstrates awareness of theories of learning and how they impact teaching 0 1 2 3 4 [N/O]	Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences 0 1 2 3 4 [N/O]
12B. Skills		
No expectation at this level	Demonstrates knowledge of application of teaching methods 0 1 2 3 4 [N/O]	Applies teaching methods in multiple settings 0 1 2 3 4 [N/O]

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
13A. Expectations and Roles		
Demonstrates basic knowledge of expectations for supervision 0 1 2 3 4 [N/O]	Demonstrates knowledge of, purpose for, and roles in supervision 0 1 2 3 4 [N/O]	Understands the ethical, legal, and contextual issues of the supervisor role 0 1 2 3 4 [N/O]

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
13B. Processes and Procedures		
No expectation at this level	Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices 0 1 2 3 4 [N/O]	Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise 0 1 2 3 4 [N/O]
13C. Skills Development		
Displays interpersonal skills of communication and openness to feedback 0 1 2 3 4 [N/O]	Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals 0 1 2 3 4 [N/O]	Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients 0 1 2 3 4 [N/O]
13D. Supervisory Practices		
No expectation at this level	Provides helpful supervisory input in peer and group supervision 0 1 2 3 4 [N/O]	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting 0 1 2 3 4 [N/O]

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions		
No expectation at this level	Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals 0 1 2 3 4 [N/O]	Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals 0 1 2 3 4 [N/O]

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM		READINESS FOR INTERNSHIP		READINESS FOR ENTRY TO PRACTICE	
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts					
Cooperates with others 0 1 2 3 4 [N/O]	Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning 0 1 2 3 4 [N/O]	Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning 0 1 2 3 4 [N/O]			
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes					
No expectation at this level 0 1 2 3 4 [N/O]	Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals 0 1 2 3 4 [N/O]	Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals 0 1 2 3 4 [N/O]			
14D. Respectful and Productive Relationships with Individuals from Other Professions					
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals 0 1 2 3 4 [N/O]	Develops and maintains collaborative relationships and respect for other professionals 0 1 2 3 4 [N/O]	Develops and maintains collaborative relationships over time despite differences 0 1 2 3 4 [N/O]			
15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).					
15A. Appraisal of Management and Leadership					
No expectation at this level 0 1 2 3 4 [N/O]	Forms autonomous judgment of organization's management and leadership 0 1 2 3 4 [N/O]	Develops and offers constructive criticism and suggestions regarding management and leadership of organization 0 1 2 3 4 [N/O]			
15B. Management					
No expectation at this level 0 1 2 3 4 [N/O]	Demonstrates awareness of roles of management in organizations 0 1 2 3 4 [N/O]	Participates in management of direct delivery of professional services; responds appropriately in management hierarchy 0 1 2 3 4 [N/O]			

Not at All/Slightly = 0

Somewhat = 1

Moderately = 2

Mostly = 3

Very = 4

No Opp. = [N/O]

READINESS FOR PRACTICUM						READINESS FOR INTERNSHIP						READINESS FOR ENTRY TO PRACTICE					
15C. Administration																	
Complies with regulations						Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures						Demonstrates emerging ability to participate in administration of service delivery program					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
15D. Leadership						No expectation at this level						No expectation at this level					
						0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.																	
16A. Empowerment						Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention						Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]
16B. Systems Change						Understands the differences between individual and institutional level interventions and system's level change						Promotes change to enhance the functioning of individuals					
0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]	0	1	2	3	4	[N/O]

Overall Assessment of Trainee's Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee's current level of competence. In your narrative, please be sure to address the following questions:

- What are the trainee's particular strengths and weaknesses?
- Do you believe that the trainee has reached the level of competence expected by the program at this point in training?
- If applicable, is the trainee ready to move to the next level of training, or independent practice?

APPENDIX E: ACKNOWLEDGEMENT & AGREEMENT OF GRIEVANCE PACKET

By my signature, I acknowledge I have received the *Illinois Psychological Association Psychology Internship Consortium: Due Process & Grievance Procedures* document and fully understand the content and agree to abide by the procedures set forth herein.

I am aware of and agree to abide by the American Psychological Association's Code of Ethics, Illinois' Mental Health Code, Illinois' Confidentiality Act, and HIPAA in all my interactions with Clients and staff. Furthermore, I will abide by the rules governing interactions with affiliates of the Illinois Psychological Association Psychology Internship Consortium and my individual training site.

I agree that the Illinois Psychological Association Psychology Internship Consortium will not be responsible for any failure by an Intern to strictly abide by these policies and rules. I further agree that the Illinois Psychological Association Psychology Internship Consortium will have no liability for any consequences of an Intern's failure to abide by said rules.

Intern's Print Name: _____

Intern Signature: _____

Date: _____

Name of Intern's Academic Institution/Program: _____

Clinical Director Signature: _____

Date: _____

APPENDIX F: EMERGENCY CONTACT INFORMATION

In the unlikely event you have a medical emergency while at work, OR you fail to appear for a scheduled appointment, supervision, meeting, etc. and we are unable to reach you, it is helpful for us to have an emergency contact information for you on file.

Emergency Contact Name: _____

Relationship to you: _____

Contact Phone Number(s): _____

Your Phone Number(s): _____

Your Personal Address: _____

This page will be retained in the Intern's file. The Intern may request a copy of this page.