REQUEST TO EXTEND CLINICAL EXPERIENCE BEYOND PRACTICUM

Student Name _____

Current Practicum Site _____

Date Practicum Terminates _____

Purpose of extension

_____

Number of clients for whom services will be continued: _____

Name of direct supervisor who will provide supervision beyond practicum:

_____

Is this supervisor licensed as a psychologist in the State of Florida? _____

Is this different supervisor than previously assigned at this site? _____

Other relevant information:

_____

_____		_____	
Student Signature	Date	Program Director or Agency Contact	Date
_____		_____	
Supervisor Signature	Date	Site Director	Date

Additional conditions of approval:

_____

_____

This extension will expire on: _____

Approved by: Director of Clinical Training Date

Email form to officeofclinicaltraining@nova.edu