



A copy of this form duly completed must be forwarded to Comité de la formation clinique (formationclinique@psy.ulaval.ca) no later than March 15 (January 15 for customized internship programs, either at the time of submitting the program to the Comité). The information included in this form is required to allow the intern to register at Université Laval for the first internship semester.

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|----|--|-----------------------------------|--|--|
| 1. | Name of intern: | | | ID: |
| | E-mail: | | | |
| 2. | Academic program of intern: | <input type="checkbox"/> D.Psy. | <input type="checkbox"/> Ph.D. Research/Intervention | |
| | Area of specialization: | <input type="checkbox"/> Clinical | <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Health clinic |
| 3. | Internship program: | | | |
| | Mailing address: | | | |
| 4. | Name and title of director of clinical training: | | | |
| | | E-mail: | Phone: | |
| 5. | Accreditation: | <input type="checkbox"/> CPA | <input type="checkbox"/> APA | <input type="checkbox"/> APPIC <input type="checkbox"/> École de psychologie |
| 6. | Major rotation: | | | |
| | Population : | | | |
| | Name and title of supervisor: | | | |
| | | E-mail: | Phone: | |
| 7. | Other major/minor rotation: | | | |
| | Population: | | | |
| | Name and title of supervisor: | | | |
| | | E-mail: | Phone: | |
| 8. | Other major/minor rotation: | | | |
| | Population: | | | |
| | Name and title of supervisor: | | | |
| | | E-mail: | Phone: | |
| 9. | Other supervisors: | | | |
| | | E-mail: | Phone: | |

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|-----------------------------|----------------------------------|-----------|-----------------------------|-------------|
| 10. Duration of internship: | <input type="checkbox"/> 1 year | Fall 20__ | Winter 20__ | Summer 20__ |
| | <input type="checkbox"/> 2 years | Fall 20__ | Winter 20__ | Summer 20__ |
| | | Fall 20__ | Winter 20__ | Summer 20__ |
| 11. Internship dates: | Start: / / 20__ | | End: / / 20__ | |

The internship program pledges to meet the training requirements of the Canadian Psychological Association (CPA) and those of the *Ordre des psychologues du Québec* (OPQ; [College of Psychologists of Quebec]) regarding the areas of competent professional practice to acquire, namely interpersonal relationships, assessment, intervention, research, ethics, supervisions and consultation skills.

The internship program also pledges, together with the academic program of the intern and within the limitations of its available resources and responsibilities, to make every possible effort to allow the student to carry out the internship.

The main educational and technical parameters of the internship will be recorded within a contract to account for the objectives of the internship and the means to meet these objectives, and to ensure that the training standards and requirements of the CPA and the OPQ are met. A contract must be written, co-signed by the intern, supervisors and director of clinical training, and sent to the École de psychologie of Université Laval no later than October 15.

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| "Signature of intern" | Date |
| "Signature of supervisor (major rotation)" | Date |
| "Signature of supervisor (minor rotation)" | Date |
| "Signature of Director of clinical training" | Date |