

Internship Documentation

*This document is primary source verified. It is to be completed by the **Director of Internship Training** and returned directly to the LSBEP at 4334 S. Sherwood Forest Blvd., Suite C-150, Baton Rouge, LA 70816. This document will not be accepted if sent by the applicant.*

Supervisee: _____

Educational level: _____ Area of specialization: _____

Director of Internship Training: _____

Title: _____ Area of specialization: _____

Address: _____ Office phone number: _____

_____ License number: _____

_____ State granted: _____

Internship site: _____

Supervision site: _____

Dates of supervision covered in this report: From / / To / /
mm/dd/yymm/dd/yy

Total number of internship hours: _____ No. Mos. _____

Total number of practice client contact hours: _____ No. Mos. _____

Number of one-to-one supervisory hours per week: _____

*Number of learning activities hours per week: _____

Supervisee's area of emphasis: _____

Assessment of supervisee's performance: _____

Do you see any areas of practice that are beyond this applicant's competence or experience? _____ If so, explain _____

Was this internship site APA approved in professional psychology for the dates covered in this report?

Yes (Please sign page one and return directly to the LSBEP)

No (If the internship site was not APA approved continue on to page 2, "Non-APA Accredited Sites")

Signature _____ Date _____

**Learning activities are in addition to one-to-one supervision and may include such activities as: case conferences involving a case in which the intern is actively involved, clinical seminars, co-therapy with a staff member, group supervision, and additional supervision.*

Non-APA Accredited Internship
(Completed and returned by Director of Internship Training)

I hereby verify on behalf of _____ (Applicant) that his/her Internship training program at _____ (Internship site) met the criteria in the Louisiana Administrative Code Title 46 §305.B.2.a-1 , at the time of their participation, as stated below:

a. An organized training program, in contrast to supervised experience or on-the-job training, is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The internship agency had a clearly designated staff psychologist who was responsible for the integrity and quality of the training program and who was actively licensed/certified by the State/Provincial Board of Examiners in Psychology.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The internship agency had two or more psychologists on the staff as supervisors, at least one of whom was actively licensed as a psychologist by the State/Provincial Board of Examiners in Psychology.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Internship supervision was provided by a staff member of the internship agency or by an affiliate of that agency who carried clinical responsibility for the cases being supervised. At least half of the internship supervision was provided by one or more psychologists.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The internship provided training in a range of assessment and treatment activities conducted directly with clients seeking psychological services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. At least 25 percent of trainee’s time was in direct client contact (minimum 375 hours).	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. The internship included a minimum of two hours per week (regardless of whether the internship was completed in one year or two) of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with psychological services rendered directly by the intern. There must also have been at least two additional hours per week in learning activities such as: case conferences involving a case in which the intern was actively involved; seminars dealing with clinical issues; co-therapy with a staff person including discussion; group supervision, additional individual supervision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Training was post-clerkship, post-practicum and post-externship level.	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. The internship agency had a minimum of two interns at the internship level of training during the applicant’s training period.	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Trainee had title such as “intern,” “resident,” “fellow,” or other designation of trainee status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. The internship agency had a written statement or brochure which described the goals and content of the internship, stated clear expectations for quantity and quality of trainee’s work and was made available to prospective interns. (ATTACH DOCUMENTATION)	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. The internship experience (minimum 1,500 hours) was completed within 24 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Director of Internship Training: _____

Print Name

Signature _____

Date _____