## HOWARD UNIVERSITY CLINICAL ASSIGNMENT AGREEMENT REQUIREMENTS

The minimum externship experience formally scheduled supervision. Oth	er recommended exter	m activities incl	lude atte	nding case co	onferences, writing	reports and maintaining
current clinical notes. It is your respo meet weekly for the duration of the ex	•	•	•		•	Students are required to
		DENT INFOR				
Name			vel (plea	ase check or Year two	ne): □ Year three	□ Year four
Address						
Home phone	Cell Phone			Email		
	SI		ATION			
Training Site Name						
Training Site Address						
Training Director	Phone			Email		
Supervisor	Phone			Email		
Supervisor	Phone			Email		
Length of Agreement:	August/ Sep	tember	, 20	to May/ J	une , 20	
Days and Hours Attending Site:			_,	_ to may o	<u>, 20</u>	
	тр/	AINING ACT		e		
1. Direct Services (face-to-	Hours per week:			Please spe	cifv:	
face assessment & treatment activities):					ony.	
2. <b>Indirect Services</b> (charting, report writing, informal consultation, video/audio tape review, etc.)	Hours per week:			Please spe	cify:	
3. <b>Didactic Activities</b> (in- service, seminars, general case conferences, grand rounds, administrative meetings, etc.)	Hours per week:			Please specify:		
4. Supervision	Hours per week:			Please spe	cify:	
TOTAL HOURS PER WEEK ON	SITE (sum of 1 thro					
		AGREEME	NT			
In signing this agreement: All parties Psychological Services of the Americ DC and the training site. The studem contact the Howard University Trainin changes occur in the content of this a	an Psychological Asso t and agency training re ng Director at the earlie	ciation, the train presentative a st opportunity t	ning polic ttest to th	cies and proce ne accuracy of	edures of Howard U f this document and	Iniversity, Washington, I further agree to
Signature of Student				Date		
Signature of Training Supervisor				Date		
Approved, Howard University Training Director				Date		