

**Form F: Oklahoma State University Counseling Psychology Program
Practicum-sanctioned work experiences**
Approved by Program Faculty: 9/15/2009

The APPIC application form for pre-doctoral internships allows student applicants to count program-sanctioned work experience on the application. If you are planning to gain additional clinical work experiences beyond our counseling psychology practicum sequence, you can apply for these to be "program-sanctioned". If they are program-sanctioned, the hours will count on your internship applications. If they are not program-sanctioned, then these experiences can be listed in the supplemental materials you provide as part of your internship applications.

OSU CPSY Approved Definition of "program-sanctioned clinical work experience"
beyond the required counseling psychology practicum sequence:

"Program-sanctioned clinical work experience would include clinical work experiences beyond the required program practica which is supervised by a professional whose credentials are consistent with the requirements of our program (doctoral degree in counseling psychology or related field) and are approved by the CPSY faculty members."

Process of applying for program-sanctioned clinical work experience:

"Students must submit an application to the CPSY program faculty members for approval, which includes their request for clinical work experiences to be considered program-sanctioned. Later, students must complete a verification form with signature from their site supervisor verifying the types and amount of clinical work experiences provided by the student and the amount of individual and group supervision provided by the site supervisor."

**Application for Program Sanctioned Clinical Work
Oklahoma State University Counseling Psychology Program**

Date: _____

Student Name: _____

Please list the site at which you are seeking additional sanctioned hours:

Note: If you are seeking sanctioned hours from multiple sites, include additional application(s) and verification material(s)

Supervisor and credentials:

Site and Contact information:

Dates for which seeking Program sanctioned hours:

Type and amount of clinical work experience (list congruent with APPIC application):

Amount of individual and group supervision you expect to receive (list congruent with APPIC application):

I certify that this application is accurate.

Applicant Signature _____

Approved _____ Date _____