

**Oklahoma State University
Department Of Applied Behavioral Studies in Education
School Psychology Program
Doctoral Internship Site & Supervision Application**

The readiness for internship form must be signed prior to pursuing arrangements needed to complete this application. This application must be completed and approved by the university training program prior to enrollment for internship hours.

Name of student: _____	Current address: _____
Current phone: _____	Date of application: _____
_____	Expected graduation date: _____

Please check all that apply. Internship is to fulfill requirements of:

- _____ Doctoral degree
- _____ Board of examiners requirements for licensure
- _____ NCSP (NASP) certification requirements
- _____ State Department of Education School Psychologist certification

Anticipated start date of internship: _____ Anticipated completion date: _____
Internship director: _____

Internship site:

1. _____
Address _____
Phone: _____
Type of agency: _____
Major services: _____

Licensed supervisor(s):

1. Name: _____
Employer: _____
Address: _____
Phone: _____
License #: _____
2. Name: _____
Employer: _____
Address: _____
Phone: _____
License #: _____

Will someone other than your licensed supervisors share responsibility for your activities and/or pay during the internship year? **YES NO**
If yes, please list that person(s) and describe the arrangements you have made with them and your licensed supervisors regarding the direction of the internship, development of the internship plan, and evaluation of your performance and the integrity of the internship program. All responsible parties should be thoroughly familiar with the internship expectations and be willing to facilitate your internship as a training/learning experience as outlined in the internship guidelines, your internship plan, and contract.

Other significant professional affiliations at this site:

Person _____ Title: _____
Relationship to you: _____
Licensed psychologist? _____
Person _____ Title: _____
Relationship to you: _____
Licensed psychologist? _____

Please list the other staff at your facility:

Please list any other interns at this site:

Please list and describe any other agencies, schools or other settings in which you anticipate gaining experience for your internship. Describe the amount of time you will spend there and the supervision you will be provided. Provide a rationale for this experience.

Please provide all relevant signatures below. This is NOT a contract. Signatures only indicate that information provided above is accurate and that the persons below are willing to develop an internship plan and contract which meet internship requirements for the named applicant, after enrollment in internship is approved by the university program.

Intern applicant Date

Internship director Date

Internship licensed supervisor Date

Internship licensed supervisor Date

Administrator Date

Administrator Date
This site and supervision arrangement is approved for fulfillment of the internship requirement for the doctoral degree at OSU, provided an appropriate contract and plan are submitted and fulfilled.

University supervisor Date / University supervisor Date