ILLINOIS TECH

Clinical Psychology PhD Program Practicum Handbook 2026-2027

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This handbook was adapted from the following established practicum handbooks: William Paterson University Psy.D. Program Practicum Handbook; Marquette University Handbook for Counseling Psychology Practicum; & Nova Southeastern University Handbook of Doctoral Practicum Training.

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Introduction to Handbook

The Illinois Institute of Technology (Illinois Tech) Clinical Psychology program faculty acknowledge that practicum (also sometimes called 'Externship') experiences are an indispensable part of training in clinical psychology. This handbook has been prepared to assist our Clinical Psychology program students in their participation in the clinical practicum training experiences.

The information in this handbook is meant to assist students in their practicum experience by:

- Providing an overview of practicum training
- Outlining the annual sequence of requirements related to practicum training
- Detailing practicum requirements, and
- Articulating each student's responsibilities with regard to practicum

This handbook is intended to be read annually by students engaging in practicum training. For questions not addressed here, students are also encouraged to consult about practicum with their clinical advisor and the Associate Director of Clinical Training (DCT)/Practicum Coordinator.

Overview of Practicum Training

What is a Practicum?

A practicum is a developmentally appropriate, planned, and supervised clinical training experience completed during the education process. Each practicum consists of observing and applying principles, methods, and techniques (both assessment and interventions) learned in the training program. Both our training program and licensing boards require practicum for the purpose of advancing applied skills development.

The Associate DCT/Practicum Coordinator

The Associate DCT of the Clinical Program serves as the Practicum Coordinator. The role of the Practicum Coordinator is to support all students applying for a practicum

position in the next academic year. You can reach out to the Practicum Coordinator anytime with questions or concerns related to your current or future practica. The Practicum Coordinator also will email you with information related to practicum and with requests for information from you. **Please read all emails from the Practicum Coordinator thoroughly, and reply to them promptly, ideally within 1-2 business days.**

Preparation for Practicum

Each year in the fall semester preceding the practicum application season, the Practicum Coordinator will meet with first-year program students. At this meeting, the Practicum Coordinator will describe the Illinois Tech training model, various training sites, and the procedures for applying to them.

To prepare and assist students with their first practicum, students take Therapy I (in the spring semester of first year, prior to starting practicum) and Therapy II (in the fall semester of second year, concurrent with the first external practicum). Second year students who are on their first practicum also participate in weekly Illinois Tech group supervision for one hour, provided by the Practicum Coordinator. See below for related information on course registration.

Practicum Course Registration

Practicum training involves course registration for two of the three years practica are required. Below is the breakdown of the required credit registration related to practicum training.

Course Registered For: Clinical Practicum (PSYC 533) = 4 total credit hours
Year 2: 1 credit during the fall & spring semesters, for a total of 2 credits*
**These 2 credits are represented and satisfied by the weekly group supervision meeting with the Practicum Coordinator.*
Year 3: 1 credit during the fall & spring semesters, for a total of 2 credits
Year 4: No course credits required, although a practicum training experience is required
Year 5: If a student completes a practicum this year, no credit registration is required

Practicum Training & Timeline

Each student spends 15-20 hours on average per week during their second, third, and fourth years at practicum sites in community settings. In the first practicum (second year), students typically work in a range of sites in the Chicagoland area doing psychotherapy with diverse adult populations. Students typically select sites to apply to, from a "Beginner Site" list, although if students enter the program with previous clinical experience, they can discuss potentially applying to sites from the Clinical Program's "Advanced Site" list (these lists are discussed more later).

In the second practicum (third year), students typically complete an assessment-based practicum. That is, they gain skills in administering, scoring, and writing related reports for cognitive, neuropsychological, personality, and psychodiagnostic assessments. It is important to complete integrated assessment reports prior to applying for Internship at the end of the program, and students' assessment practicum is frequently when such reports are completed. Assessment sites are primarily found on the "Advanced Site" list.

In the third practicum (fourth year), also known as the advanced practicum, students obtain more specialized experience based on their specific interests and training goals. Examples of specialized training sites for advanced practica include those focusing on health psychology, anxiety and mood disorders, pediatric psychology, behavioral medicine, rehabilitation, inpatient and outpatient mental health, and child assessment and therapy. Advanced practicum sites are found on the "Advanced Site" list.

Students are allowed to do additional external practicum beyond those listed above, especially to reduce perceived limitations in their training, address specific needs related to internship applications to particular sites, or prevent long gaps without clinical training (e.g., applying for internship after two years with no practicum experience). These additional practicum experiences must be approved by the student's research advisor, discussed with the student's clinical advisor, and approved by the Practicum Coordinator. Except in unusual circumstances, the normal practicum sequence easily provides sufficient practicum hours for internship. Student concerns about requirements placed on them by a practicum site should be discussed with the Practicum Coordinator.

More on Supervision

Students receive at least one hour weekly of individual clinical supervision from an on-site supervisor for each practicum experience. On-site supervisors are typically doctoral-level licensed clinical psychologists, and may include other licensed mental health professionals (e.g., LCSW).

Per above, all second-year students participate in supplemental weekly group supervision with a clinical faculty member who is a licensed clinical psychologist. The Clinical Program also provides additional individual supervision by a faculty member who is a licensed clinical psychologist – currently the Practicum Coordinator – for those students who are not supervised by a doctoral-level licensed clinician at their site. This supplemental supervision is intended to ensure that all students are receiving evidence-based training in clinical work consistent with our training model. This supervision may be provided virtually; our associated Telesupervision Policy can be found in the Appendix.

Evaluation

Students are evaluated formally on practicum-related competencies twice annually – once at Mid-Year, which occurs around November of the training year, and once at End-of-Year, which occurs around April. The evaluation form is the same at each time of year (see Appendix) and is comprised of two qualitative items, and many quantitative items in which students receive ratings of 1 = Development lags expectation; remedial action required; 2 = Development lags expectation; address within supervision; 3 = Developing as expected toward basic competency; 4 = Achieved basic competency; 5 = Achieved advanced competency; or, N/A for "Not applicable or unable to judge."

Each item on the evaluation form represents a Minimum Level of Achievement (MLA). MLAs are discussed more specifically in the Program Handbook, however briefly: MLAs represent levels of achievement that our students must reach in terms of competencies and knowledge, for our program to maintain accreditation with the American Psychological Association (APA). MLAs apply to coursework, program milestones, and practicum training. Specifically for practicum training, a student reaches MLAs when they receive a rating of 3 or above on each item on the practicum evaluation.

Students who receive a rating of 2 or below on one or more items likely will receive a Professional Development Plan to help support them in increasing their ratings into the range of MLA. Failure to improve ratings after completing a Professional Development Plan may then trigger a Remediation Plan - which provides extra support to students and which has consequences for non-completion, e.g., potential dismissal from the Program. Related, students who receive a rating of 1 on any practicum evaluation likely will receive a Remediation Plan to provide structured support in increasing their ratings into the range of MLA, and potential consequences up to practicum and program dismissal for those unable to increase their ratings into the MLA range of 3+ by the end of the practicum.

Tracking Practicum Hours Annually

At the end of each training year, the Practicum Coordinator will email students on practicum the "Final Practicum Hours Confirmation Form" (see Appendix). There are two purposes of this form: The first is to help the student regularly track their training in four important domains: number of hours conducting therapeutic interventions, number of hours conducting psychological assessments, number of hours in supervision, and number of integrated assessment reports completed. The second is to gather data for the Director of Clinical Training on each student's numbers in these categories. After students receive the form via email from the Practicum Coordinator, they must complete the top half of the form, save it, and email the saved form to their supervisor. Their supervisor will then confirm the information entered into the form by the student, sign the form electronically, save it, and email it back to the Practicum Coordinator. Students may gather the data needed to complete this form using their Time2Track account (see below), or by using objective data from their practicum site, e.g., electronic client meeting records.

Relationship with Sites

Overall, the practicum training agencies are an important part of Illinois Tech's clinical training. Faculty and students should maintain a positive relationship with these practicum agencies through frequent consultation and communication. We are guests of these agencies, and they have ultimate ethical and legal responsibility for their clients.

Any adjunctive supervision from Illinois Tech faculty should be viewed through a lens of consultation, with final treatment decisions resting with the agencies.

How Practicum Relates to Clinical Training Outside the Program

All practica are formal arrangements between the external agency and the Clinical Program (i.e., not the student) and must be arranged through the Practicum Coordinator.

Students who believe a potential practicum experience exists, but is not currently on our practicum list, may attempt to independently establish/create a practicum. This process usually starts with the student having or forming an independent relationship with a site, and then discussing this potential practicum opportunity with the Practicum Coordinator; if approved, the Practicum Coordinator will meet with the potential site for a "site visit", to ensure the site meets the training needs established by the Program. If so, the student may be able to train at the site for a formal practicum; and, if desired by the site, the site may be added as an ongoing practicum site for Illinois Tech students.

Students who wish to have additional clinical training experiences outside of formal practica must apply for approval to engage in this work, by completing the *Outside Clinical Experiences* form (see Appendix). The purpose of requiring this approval is for Clinical Program faculty to ensure that students are participating in clinical training experiences that are consistent with the Program's values and goals, and also are consistent with broader professional norms. (For example, a local agency may advertise "a position with clinical experiences," but upon further investigation, these "clinical experiences" may not align with those the student receives in the program.) In this case, the faculty would not approve this experience for students. However, in cases when outside clinical experiences do align with our Program's and broader professional norms and values – e.g., those established by the APA – the faculty are happy to approve this outside work. Examples of approved past work experiences include volunteer or paid neuropsychological assessments, participation in a clinical research trial, and providing psychotherapy (if the student is licensed as a, e.g., LCSW.)

Please note, approval of such work will be contingent on the student generally being on track to complete the Program in the provided 6-year timeline (see Program Handbook for more information and visual depiction of the Program timeline). Additionally, the Clinical Program will only approve up to 40 hours per week of clinical experiences,

inclusive of all practicum and outside experience activities (i.e., including all hours spent with a client, in supervision, scoring, report and note writing, and training activities).

Please remember that more hours do not always equal more competitive when it comes to internships applications (e.g., sometimes it is better to invest time in research opportunities instead). If students have questions or concerns about the number of hours and competitiveness for internship applications, they should consult with their clinical advisor, the Practicum Coordinator, and/or the DCT.

Students who engage in this outside clinical work may do so simply for the experience, for pay, or other reasons; however, if desired and if the student believes the work they are currently completing in the field may qualify as a practicum, students may complete a form to request approval of these "work hours" to be counted as a formal practicum training experience. The name of this form is *Request to Approve Work Hours and Practicum Hours* (see Appendix). General criteria for outside work experience qualifying as a practicum include the student is providing therapy or assessment work consistent with other formal practica; the student receives weekly supervision from a licensed professional; the supervisor is willing to complete the student's evaluation form at the Mid-Year and End-of-Year times; and, the student receives didactic training at the site.

MOUs, Affiliation Agreements, and Related Forms

The Memorandum of Understanding (MOU) is a form that describes the specific expectations of the Illinois Tech student on practicum, e.g., that the student will work no more than 20 hours weekly; the student will receive weekly supervision; etc. The purpose of the form is to ensure the student and site supervisor are entering the practicum training year with the same, clear expectations. The form must be reviewed by the student and their supervisor, then signed by the supervisor, and then returned to the Practicum Coordinator at the start of each training year (See appendix).

More broadly, Illinois Tech has formal contracts with some training sites, which are initiated at the request of the training site itself. These contracts are called *Affiliation Agreements*, and they outline any specific conditions the site stipulates to have our students train there. Most of these conditions do not affect students personally, and instead are more institutional/administrative in nature. However, some Affiliation Agreements include clauses that require the Program DCT to view, transmit, and/or keep records related to students private health information (PHI).

As one example, the Veteran's Affairs (VA) facilities call this the *Trainee Qualifications and Credentials Verification Letter* (TQCVL). The TQCVL is a letter that DCTs are required to sign and submit to the VA on behalf of each trainee who will be working at the VA. The letter contains personal and medical information (e.g., vaccination status) to which the DCT is customarily not privy. In the appendix, please find (1) the program's policy and a set of guidelines for handling this VA requirement and (2) the form with sensitive questions that you will be required to complete. If you do not wish to complete the TQCVL, then you should not apply to work at a VA facility. A similar process may be required for other sites outside of the VAs (e.g., Loyola University Medical Center, University of Chicago Medicine, Northwestern Medicine). In these cases, a similar procedure to the TQCVL applies; if these site-specific forms are available currently, they are included in the appendix. Students are responsible for checking with sites when they apply to determine if they have this type of onboarding process, because there have been occasions when sites have added this to their criteria for a position.

Time2Track Instructions

There are a number of options for keeping track of and recording practicum hours. However, currently, the standardized application for internships (i.e., the APPI) requires uploading clinical hour summaries directly from Time2Track. There is no other way to input hours into the APPI, including manually. While an annual subscription to Time2Track is recommended by the Program to track hours consistently, this subscription has an annual fee that students must pay. However, accessing the summary feature of Time2Track for this purpose is currently free.

Below are simple instructions on how to signup for a Time2Track profile (subject to change):

1. Go to https://time2track.com/
2. In the upper-right hand corner, click the link "sign up"
3. Enter your account information
4. On the bottom of the sign-up page, click the link that says "I do not have an authorization key."
5. Type "Illinois Institute of Technology PhD Program" into the program search box and select it from the dropdown. Click "Continue"
6. You should now have a Time2track profile set up. For instructions on how to begin logging hours, see the videos below.

Link to a Quick Start Guide for Entering your APPI Psychology Training Experiences: https://help.liaisonedu.com/Time2Track_Help_Center/Trainees/Trainees_with_Group_Accounts/AAPI_Psychology_Training_Experiences/01_Quick_Start_Guide

Link to Time2track training video covering many features: https://www.youtube.com/watch?Getting Started with Time2Trackv=lIidNN9mZ2o

Time2track official support webpage: http://support.time2track.com/

Practicum Application Procedures

On an annual basis, Directors of Clinical Training in the Chicagoland area provide guidelines to structure the process of matching students and sites for practicum in the region. These include dates regarding when applications, offers, and acceptances are made. Below are general guidelines regarding the practicum application and interview process.

Types of Sites

There are three broad sets of sites you can apply to:

- **Chicagoland Coordinated Deadline sites;**
- **Association of Chicagoland Externship and Practicum Training (ACEPT) sites;**
- **and Sites that "do their own thing"**

Each set of sites is below, with general dates for participation in their application cycle. These dates are subject to change and will be confirmed by the Practicum Coordinator each year:

1. Sites that follow the **Chicagoland Coordinated Deadline**:
    a. Most of our students train at these sites, for reasons such as students generally like the experiences and training at these sites, and these sites

have an earlier application process – so you know if you matched to one of these sites earlier than if you apply to ACEPT sites.

b. Applications are typically accepted during a 4-day window in mid-January. **It is encouraged to submit your applications as early as possible during this window.**

c. Interviews typically occur mid-February.

d. Students must respond to an interview offer within 24-hours, or the offer may be rescinded.

e. Offers for externship can be made at any time during this process, even at the time of the interview. All offers are typically made by March 1st.

2. Sites that follow the **ACEPT** deadline:

a. Some students train at ACEPT sites for a variety of reasons, e.g., specific training desires/needs or location.

b. However, it's challenging to apply to both the above sites and ACEPT sites, because the application dates do not align (this lamentable and something, unfortunately, out of our control).

c. Applications are typically accepted mid-January through early-February. **It is encouraged to submit your applications as early as possible during this window.**

d. Interviews typically occur at the beginning of March and students are notified of acceptance mid-March.

3. Sites that "**do their own thing":**

a. Some sites do not participate in the Chicagoland or ACEPT systems. This adds a layer of fun to practicum apps! 🙂

b. In reality, applying to these can be stressful, because you may have to weigh options from the other sites that have more-specific deadlines they follow.

c. But, if you are interested in one of these sites, then we totally encourage you to consider applying to it.

d. If these sites have rolling admissions, **aim to submit your application as early as possible,** i.e., as close to when the application window opens as possible.

Sites can offer training in **providing therapy services**, training in **administering psychological assessments**, or **both.** Please note, per earlier in this handbook:

***First year students** are expected to apply to practicum sites that focus on **therapy**.

***Second year students** are expected to apply to practicum sites that focus on **assessment**.

***Third year and beyond students** are expected to apply to practicum sites that **fill a developmental training need, and/or that help the student specialize**.

This multi-year training plan is intended to round out your training and ensure you are a competitive applicant for Internship sites. For example, regarding assessment training, the APPI will ask students to enter the total number of "Integrated Assessment Reports" they've completed in their training. Internship sites may require or prefer applicants to have completed a minimum number of integrated assessment reports, with this number often varying as a function of how much integrated assessment report writing will occur during that Internship. Assessment practica usually provide opportunities for writing such reports, which is why it's very important to get Assessment training experience – even if Assessment isn't your desired career path.

Additional information for **first year** students applying to practicum:

- First year sites are not always consistent year-to-year in offering interviews and positions. Consider applying to 5+ sites.
- Trilogy and FCC/Trinity Services almost always accept Illinois Tech students. Consider adding one or both of these sites to your list.
- If you have non-CPS clinical/human services experience (e.g., psych-related master's degree or related work experience), consult with the Practicum Coordinator before applying to "master's degree" sites on the first year list or any sites on the advanced list.

Month-by-Month Guidelines

Month	Tasks

August	● Second year students and beyond should have begun practicum at this time ● Begin thinking about training goals for next year
September	● Begin thinking about training sites for next year, using last year's Program Site List and practicum training sites' Program Brochures (see "Useful Shared Files" below).
October	● Practicum Coordinator/TA will meet with 1st year students to discuss practicum process ● Start compiling a list of potential sites to apply to, using last year's Program Site List and practicum training sites' Program Brochures (see "Useful Shared Files" below). ○ Students typically apply to ~5 sites each year ● If you are applying in 5th year or later, email Practicum Coordinator for approval ● Watch the "podcast" created for students, re: CV prep and Cover Letter writing (see "Useful Shared Files" below).
November	● Finalize your site list, to the extent possible. (Sites may release information on their site during November, and the Practicum Coordinator TA will update the Site Lists and Program Brochures as this happens (see "Useful Shared Files" below). ● Start preparing your materials (CV and Cover Letter) ○ Aim to make the Cover Letter 1 page maximum (see "Useful Shared Files for more info) ○ Materials should first be completed by you ○ Then, sent to your research advisor for a brief review ○ Integrate feedback from your research advisor ○ Then, send these updated materials to the Practicum Coordinator for review and approval ■ Practicum Coordinator will provide deadlines for sending materials to them, each application year ○ Guidelines related to material prep can be found in appendix ● Start asking for letters of recommendation (at least one month before applications are due) ● Students on Practicum should complete their Mid-Year Evaluation form with practicum site supervisors, and then send the completed form to Practicum Coordinator. (Instructions for this are sent out by the Practicum Coordinator each year; see Appendix for Evaluation form.)

December	● Continue asking for letters of recommendation (at least one month before applications are due) ● Continue to refine materials, with assistance of Practicum Coordinator
January	● Applications are usually submitted at this time ● May begin receiving interview offers ● Watch the "podcast" created for students, re: Interviewing for Practicum positions (see "Useful Shared Files" below).
February	● Many interviews are conducted in February ● Keep your research advisor informed of interviews, offers received ● **CC the Practicum Coordinator on all emails with sites during this time (e.g., related to interviews, offers, acceptances, declines, etc.)** ● Offers may start to be made by sites, and accepted by students – congratulations!
March	● Offers will continue to be made by sites, and accepted by students – congratulations! ● **Continue to CC the Practicum Coordinator on all emails with sites during this time (e.g., related to interviews, offers, acceptances, declines, etc.)**
April	● End of year practicum evaluations will be sent out for completion, including instructions for completion.
May	● End of year practicum evaluations due ● Some practicum sites may end their training year at this time
June	● Some practicum sites may end their training year at this time
July	● Most practicum sites begin July 1st! ● Complete the Memorandum of Understanding (MOU) Form

NOTE: The timing of applications may require you to work on, and your advisor to review, your materials over the winter break. The Practicum Coordinator has tried to create a schedule to avoid this – namely by requiring that you send your completed materials (i.e., reviewed by your research advisor and with feedback incorporated) in November. However, sometimes edits will inevitably continue into the winter break. If this occurs, proactively discuss with your advisor and the Practicum Coordinator your plan to complete your materials effectively and efficiently. Overall, please don't make

assumptions about advisor or Practicum Coordinator availability over break, and communicate early with your advisor and the Practicum Coordinator if you believe your materials will not be completed by the time winter break begins.

Letters of Recommendation

Per the Month-by-Month Guidelines Table above, start asking for letters of recommendation for the upcoming cycle around November or December, aiming to give your letter writers at least a month to write the letter. Letters for practicum applications are best from people who have knowledge of clinical skills (e.g., prior/current clinical supervisors), are good from your primary research advisor, and also are possible from other faculty who have had you in classes, particularly psychopathology, assessment, or therapy courses most relevant to your clinical training.

Confirm that letter writers are willing and able to provide "**a strong**" letter of recommendation by the required application dates. Ask your letter writers what they need from you regarding the letter, but also offer them information at the onset. This includes, but is not limited to:

- Updated CV
- Draft of Cover Letter
- Bullet points about how long you have known them and in what capacity
- Strengths
- Clinical Goals
- Info regarding where you will be applying and how to send the letter

Clearly state the date by when you need the letter sent. Assume that they will send the letters on your behalf and you will not see the letters. **If the site(s) you are applying to requires you to submit the letter of recommendation and therefore might see the content, inform your letter writer of this.**

NOTE: If sites you apply to ask for a **"letter of readiness,"** the **Practicum Coordinator** provides these. Therefore, please direct such requests to them. Similarly, if your site requires proof of malpractice insurance, email the **Practicum Coordinator** with this request, and they will facilitate obtaining this through the Psychology Department Coordinator.

Interview & Offer Procedures

Interviews may occur anytime between January and March. Below are guidelines set in place by the **Chicagoland Coordinated Sites**, however you can use these tips regardless of the site you are applying to.

- Interviews will frequently occur sometime in **February**. Externship sites may offer as many interview slots as possible, given the short time frame and that multiple sites may conduct interviews at the same time.
- All interview invitations should be copied to the Practicum Coordinator. Students need to respond to the interview invitation within 24 hours or the invitation can be rescinded by the externship site. Students should CC the Practicum Coordinator on their response to interview offers, and on all emails during the interview/offer/acceptance process.
- Offers to students for externship placement can be made at any time during this process, even at the time of the interview. All offers usually need to be made by the final date of ***March 1st.***
- Students will only hold one (1) offer at a time. Students must immediately – within one hour of learning of the second offer, or within some other reasonable amount of time, e.g., one day to obtain additional information from one of the sites – inform an externship site that they are declining an offer or canceling interviews after accepting an offer. Programs will urge students to frequently check their emails or phones during business hours. If an externship site is concerned that a student is holding more than one offer, they should contact the student's Practicum Coordinator immediately.
- If a student receives an offer from a less preferred externship site, they are encouraged to reach out to their more preferred site(s) to inquire about their standing, to request an earlier interview (if needed), or to request a placement offer. If the student requests an offer by a more preferred site, and that site provides an offer, the student is **bound to accept** that more preferred offer immediately. In this circumstance, the student would immediately inform the less preferred externship site(s) – or any other site for which they interviewed, applied, or received an offer – that they have accepted another offer.
- Externship sites may set time limits on student decisions. Time limits must be reasonable (i.e., at least one week) *and* sites must consider a student's interview schedule when determining a decision deadline, if possible and appropriate.

Externship sites must communicate any and all timeline restrictions on offers to the student at the interview or when an offer is made. Please keep in mind that if a student requests to be considered for an offer by a more preferred site, as noted above, sites may need to adjust their decision timeline for offers that have previously been made to other students.

- When providing an offer to a student, externship sites will also copy or otherwise inform the Practicum Coordinator from the student's academic program about the offer and clearly communicate the timeframe for a response. The applicant must acknowledge (to the externship site) receipt of any offer immediately (within four hours of receiving the offer), unless the offer is provided to the student in person.
- When sites have filled their externship slots, they should notify all the applicants that there are no remaining positions at that site.
- Upon completion of the process, site supervisors are encouraged to confirm the position in writing and to copy the student's academic Practicum Coordinator.

NOTE: When you're offered an interview for a practicum position, you cannot miss class for an interview. You are encouraged to coordinate with your current practicum site to request time off for an interview, if needed.

Email Templates To Use During the Interview Process

- The ACEPT program has provided very useful information to all practicum applicants – even those not applying to ACEPT sites!
- This information includes email templates for students to use during the interview process. The templates can be found here, and also are included in the Appendix.
- Review and use these templates when sending your emails, adapting them for your specific circumstances.
- When you are unsure of how to structure an email, or which content to include, email the Practicum Coordinator for consultation/review of the email, before sending the email. Otherwise, per above, the Practicum Coordinator should be CC-ed on all emails during the interview/offer/acceptance portion of the application process.

Useful Shared Files

The clinical program maintains site lists and training program brochures for the practicum sites above in the following spreadsheet: "Illinois Tech Practicum Site Index." This file is a great place to start searching for, and to get basic information on sites, e.g., whether they're assessment or therapy, the training site's website, etc.

This spreadsheet includes two tabs: one for **Beginner Sites** - which should be used by first year students, unless otherwise discussed with the Practicum Coordinator; and one for **Advanced Sites** - which should be used by second year students and beyond.

Each of the spreadsheets in this larger file has a link at the top which leads to the "Illinois Tech Chicagoland Practica Brochures" – a drive where we store **current and past training program brochures**, as well as information regarding **interview** and **cover letter & CV preparation**. These preparation materials include two "podcast" like recordings which discuss preparing these materials and for interviews in detail.

If you cannot access any of the above files, email the Practicum Coordinator to request access.

NOTE: Brochure and site material will be updated each cycle by the Practicum Coordinator and their TA. However, we cannot guarantee that sites won't add new information pre-deadline. Therefore, **we recommend that you use our Program Site List and provided brochures as a starting point, and that you also directly check training site websites (as available) before applying to a site.**

Appendix

ILLINOIS TECH | Lewis College of Science and Letters Department of Psychology

Trainee Practicum Evaluation

Trainee: _____

Supervisor: _____

Site: _____

Period of Evaluation: _____

Type of Supervision: Individual ____ Group ____ Both ____

Supervision methods (check all that apply):

Verbal summary _____ Audio review _____ Video review _____ Live observation _____

Date(s) of video review or live observation _____

Please rate the student on the following competencies using this scale:
1 = Development lags expectations, remedial action required
2 = Development lags expectations, address within supervision
3 = Developing as expected towards basic competency
4 = Achieved basic competency
5 = Achieved advanced competency
NA = Not Applicable or Unable to Judge

Ethical and Legal Standards						
Knowledge and application of the APA Ethical Principles of Psychologists and Code of Conduct, organizational/local statutes regulating professional practice of health service psychology, and other professional standards and guidelines	1	2	3	4	5	NA
Recognition of ethical dilemmas as they arise	1	2	3	4	5	NA
Appropriate consultation and decision-making to resolve ethical dilemmas	1	2	3	4	5	NA
Conducts self in an ethical manner in all professional activities	1	2	3	4	5	NA
Individual and Cultural Diversity						
Exhibits sensitivity to individual and cultural diversity	1	2	3	4	5	NA
Understands how personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves	1	2	3	4	5	NA

Knowledge of current research as it relates to addressing diversity in clinical practice	1	2	3	4	5	NA
Awareness of individual and cultural differences	1	2	3	4	5	NA
Ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own in order to provide culturally sensitive services	1	2	3	4	5	NA
Professional Values and Attitudes						
Appropriate manifestation of professional identity, including integrity, deportment, and accountability	1	2	3	4	5	NA
Concern for the welfare of others	1	2	3	4	5	NA
Engages in self-reflection of personal and professional functioning	1	2	3	4	5	NA
Engages in activities to maintain and improve performance, well-being, and effectiveness (e.g., relevant readings, grand rounds, didactic seminars)	1	2	3	4	5	NA
Demonstrates openness and responsiveness to feedback and supervision	1	2	3	4	5	NA
Communication and Interpersonal Skills						
Able to develop appropriate and effective relationships with colleagues, supervisors, clients, supervisees, and other health professionals	1	2	3	4	5	NA
Communicates clearly in written and oral forms in in multiple settings and roles	1	2	3	4	5	NA
Demonstrates effective interpersonal skills and the ability to manage difficult communication well	1	2	3	4	5	NA
Assessment						
Knowledge and application of evidence-based assessment methods	1	2	3	4	5	NA
Collects relevant data appropriate to the identified goals and questions of the assessment	1	2	3	4	5	NA
Demonstrates skills in administering assessment measures	1	2	3	4	5	NA
Able to interpret assessment results	1	2	3	4	5	NA
Integrates relevant data into meaningful/coherent case conceptualization	1	2	3	4	5	NA
Communicates the findings and implications of assessment in an accurate and effective manner sensitive to a range of recipients	1	2	3	4	5	NA
Intervention						
Able to establish and maintain rapport	1	2	3	4	5	NA
Develops evidence-based intervention plans	1	2	3	4	5	NA

Demonstrates skill in implementing interventions	1	2	3	4	5	NA
Demonstrates the ability to apply the relevant research literature to clinical decision making	1	2	3	4	5	NA
Able to modify and adapt evidence-based approaches when a clear evidence-base is lacking	1	2	3	4	5	NA
Evaluates intervention effectiveness	1	2	3	4	5	NA
Adapts intervention goals and methods consistent with ongoing evaluation	1	2	3	4	5	NA
Supervision						
Demonstrates knowledge of supervision models and practices	1	2	3	4	5	NA
Effectively mentors and monitors trainees in their development of clinical skills	1	2	3	4	5	NA
Maintains appropriate behavior as a role model and responsibility for supervised activities	1	2	3	4	5	NA
Consultation and Interprofessional/Interdisciplinary Skills						
Demonstrates knowledge and respect for the roles and perspectives of other professions and professionals	1	2	3	4	5	NA
Demonstrates knowledge of consultation models and practices	1	2	3	4	5	NA
Collaborates appropriately with other professionals	1	2	3	4	5	NA
Summary						
Overall rating of clinical competency during this period of evaluation	1	2	3	4	5	NA

Please comment on Trainee's strengths:

Please comment on Trainee's weaknesses:

Supervisor signature: _____ Date: _____

Trainee signature: _____ Date: _____

ILLINOIS TECH | Department of Psychology

Jonathon E. Larson, Ed.D.
Department Chair

Final Practicum Hours Confirmation Form

Thank you to our students and site supervisors for a great practicum training year! This document confirms the number of practicum training hours that Illinois Tech students have completed for the 2023-2024 training cycle.

Directions for Completing the Form

1. The *Illinois Tech student* types their name below to indicate who this form pertains to:

   _____
   Illinois Tech Student Name

2. The *Illinois Tech student* tallies their number of accrued training hours during this practicum cycle, in the following four domains; and then, fills in the blanks below to reflect their tallies:

Face-to-face intervention hours	Face-to-face assessment hours
Supervision hours	Number of integrated assessment reports completed*

   *Integrated assessment reports include a life history, results of a clinical interview, and at least two psychological tests from one or more of the following categories: personality, intellectual, cognitive, and neuropsychological.

3. The *Illinois Tech student* saves this document and emails it to their supervisor.

4. The *supervisor* reviews the numbers above to confirm they are accurate. If so, the supervisor digitally signs below by typing their name and the date.

   I attest that to my knowledge, the numbers reported above accurately reflect the number of hours accrued by the Illinois Tech student in each training domain during this 2023-2024 practicum training year.

   _____ _____
   Supervisor name Date

5. The *supervisor* saves the form and emails it to the Illinois Tech Practicum Coordinator, Dr. Steff Du Bois, at sdubois@iit.edu. The form is due by XX.

Thank you for your support of Illinois Tech students!

Steff Du Bois, PhD
Associate Professor of Psychology
Associate Director of Clinical Training & Practicum Coordinator
The Illinois Institute of Technology
Email: sdubois@iit.edu; Phone: 312.567.6468

ILLINOIS TECH | Department of Psychology

Jonathon E. Larson, Ed.D.
Department Chair

Memorandum of Understanding Regarding Illinois Tech Practicum Site Arrangement

This document articulates the basic arrangements between the Clinical Psychology Program at Illinois Institute of Technology (Illinois Tech) and the practicum sites at which our students train. A copy is given to the practicum site supervisor, the Illinois Tech Practicum Coordinator (Steff Du Bois), and the practicum student.

Overview of the Illinois Tech Practicum

Each student is required to spend between 15 and 20 hours per week for 6 academic semesters at practicum. Practicum work typically takes place during the second through fourth years of graduate training. In the second year of training, students do a practicum at a site that provides a broad range of clinical experiences, but focuses mainly on conducting psychotherapy. In the third and fourth years of training, students do practica designed to develop their skills in specific areas of interest (e.g., neuropsychology, pediatric psychology, behavioral medicine).

The Practicum Coordinator meets with practicum students for the following year in the fall to describe the sites and the procedures for applying to them. Training sites are reviewed by the Practicum Coordinator and approved by the clinical faculty. All practicum arrangements (required or optional) must be made through the Practicum Coordinator.

Practicum Site Responsibilities

The practicum site is responsible for providing the student with appropriate training experiences that are commensurate with the student's level of expertise. Practicum activities should require between 15 and 20 hours per week.

The site should provide regular ongoing training activities such as (but not limited to) case conferences, grand rounds, didactic training seminars, etc.

The site should provide the student with any communication mechanism required to correspond with clients, e.g., a site-specific email address and phone number. The student should not be expected or required to communicate with clients outside of these mechanisms, or outside of designated work hours.

The supervisor or other designated licensed mental health professional must be present at the site whenever a student is conducting any clinical services. The site supervisor has ultimate ethical and legal responsibility for the clients.

The site supervisor is responsible for providing **at least** one hour of individual clinical supervision weekly. The supervisor must be a licensed treatment provider with a terminal degree in his/her field. **Supervision must include at least one direct observation for each semester**. The observation can be either in-person (e.g., in room or one-way mirror observation of client contact session), live video streaming, or video recording.

The site supervisor is responsible for completing and returning the evaluation form provided by Illinois Tech at the end of each semester.

The site supervisor should communicate with either or both the Illinois Tech supervisor and the Practicum Coordinator if there are any questions or issues related to the supervisee. To facilitate communication, a list of the Clinical Psychology program faculty and their e-mail addresses is provided at the end of this document.

Illinois Tech Clinical Program Responsibilities
The Clinical Psychology program in the Department of Psychology at Illinois Tech is responsible for ensuring that students who apply to and accept a practicum are in good standing in the program. The Clinical Psychology program is responsible for course instruction required to prepare the student for practicum.

The Clinical Psychology program is responsible for maintaining a liaison with the site, including monitoring progress and obtaining formal feedback from the site supervisor each semester. The Practicum Coordinator will communicate with the practicum site if they perceive there are any questions or issues regarding the supervisee or the practicum experience.

Illinois Tech will provide malpractice insurance through the University's malpractice insurance policy.

Please enter your Practicum Site Name below, and then sign to indicate that you have read this document and are in agreement with its contents. Finally, please return one copy with your signature to your supervisee, and keep the other copy for your records.

Signature of Illinois Tech Practicum Coordinator Date

Practicum Site Name

Signature of Practicum Site Supervisor Date

ILLINOIS TECH Clinical Psychology Faculty

Steff Du Bois, PhD, Associate Professor
Associate Director of Clinical Training/Practicum Coordinator
sdubois@iit.edu

Alissa Haedt-Matt, PhD, Associate Professor
Director of Clinical Training
ahaedtma@iit.edu

Ashley Petersen, PsyD, Assistant Teaching Professor
apetersen@iit.edu

Illinois Institute of Technology (Illinois Tech) Telesupervision Policy

Telesupervision is defined as clinical supervision that is provided via an electronic communication device, in real-time, via audio and/or video rather than in person.

Rationale for Telesupervision
We use telesupervision as a form of supervision for our student trainees, because it allows for the continuation of high-quality training outside the context of in-person supervision.

How and When Telesupervision is Used Ethically in our Clinical Training:
At Illinois Tech, telesupervision may be used in four scenarios:

a) As weekly in-house supervision for second-year students completing their first practicum, supplemental to the supervision students receive at their practicum training site. Offering this in-house supervision as telesupervision provides the greatest flexibility to students – who have varying practicum schedules – receiving this supervision. Telesupervision also complements the in-person training students receive in Program courses, e.g., Therapy II (PSYC 507).
b) At any external practicum training site, as weekly, biweekly, or as desired or needed based on student or supervisor availability. This offering relates to external practicum training sites that provide telesupervision as their primary or exclusive modality of supervision, and training sites that provide telesupervision intermittently to demonstrate flexibility during the training year. Note that while telesupervision at external sites is supported broadly speaking, this type of supervision should not be the exclusive type of supervision received throughout a student's training. This is because we believe a variety of supervision modalities promote a diversity in clinical training that reflects the diversity of future clinical work (e.g., seeing clients in-person and virtually; receiving supervision in-person and virtually) that our students will engage in.
c) On an individual student basis, when clinical competency concerns arise from a practicum site or Program faculty. In this case, the Program supports use of telesupervision by Program faculty, practicum site supervisors, or both. Telesupervision may not be indicated in all cases, as in-person supervision may be suitable to address some specific competency concerns.
d) As an emergent mode of supervision when clinical emergencies arise that require more detailed consultation than is available through the external training site. This allows students to receive extra support without constraints related to being on-site at practicum. Students then can use this extra support to provide clinical services that are effective and appropriate for the situation.

At Illinois Tech, we implement telesupervision via video by using Illinois Tech's HIPAA-compliant videoconferencing platform, Zoom. Supervisors and supervisees may access telesupervision either from their individual offices or from a secure and confidential space within a home. We implement telesupervision via phone by using secure phone lines, and by not using identifying information during phone discussions.

Sites where our students train and which offer telesupervision under conditions b and/or c above, also must use HIPAA-compliant mediums to provide telesupervision to our students. If the

student does not have access to such mediums, the training site must provide access to these to the students, at no cost to the student.

Telesupervision's Consistency with Program Aims and Training Outcomes

Telesupervision allows our supervisors to be engaged and available to assigned trainees, to oversee client care, and to foster trainee development – even in training situations that are not in-person. In these ways, telesupervision is fully consistent with our training aims. Importantly, research has suggested equivalence between the efficacy of telesupervision and in-person supervision experiences with regard to rapport with supervisors and focus on clinical goals and tasks (Kevin et al., 2020; Jordan & Shearer, 2019; Shilo & Erika, 2019).

Effective Provision of Telesupervision

Regarding telesupervision provided at Illinois Tech, we work to ameliorate the potential drawbacks of telesupervision by discussing inherent strengths and challenges of the format with each trainee and collaboratively working to identify strategies for maximizing what can be done in this format. This can include discussion of potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. We work to set clear expectations and learning objectives at supervision outset and regularly check in on these throughout the supervisory relationship. Additionally, trainees receiving telesupervision at Illinois Tech receive ongoing formative feedback as well as summative feedback to ensure they are progressing appropriately within core competency areas.

Regarding telesupervision provided at external practicum training sites outside Illinois Tech, both students receiving and external practicum supervisors providing telesupervision will receive a copy of this policy and will be asked to review it together. Before beginning telesupervision, the supervisor and trainee will engage in at least one virtual session to test out technology, verify the suitability of the trainee's environment for telesupervision, and work through screen sharing and other functions that may be required in telesupervision. Throughout the provision of telesupervision, supervisors shall engage in the above – discussing inherent strengths and challenges of the format with their supervisee, discussing ways to ameliorate challenges related to telesupervision, setting clear expectations and learning objectives for telesupervision, and receiving ongoing and summative feedback during telesupervision.

Our Illinois Tech Practicum Coordinator is readily available to practicum students via phone or email, to discuss any emergent concerns related to telesupervision provided by Illinois Tech or external training sites.

ILLINOIS TECH | Department of Psychology

Jonathon E. Larson, Ed.D.
Department Chair

Clinical Psychology Program: Outside Clinical Experiences Form

Students must request approval from the Clinical Program for any clinical experiences that occur outside of formal practicum arrangements. This includes, but is not limited to, paid or volunteer work such as: psychological and/or neuropsychological assessment in a clinical or research setting, intervention of any modality, consultation to staff members, acting as a group facilitator, and/or counseling services. The purpose of requiring program approval is to ensure that all clinical work — even experiences occurring outside of formal practicum experiences — is being conducted according to APA ethical guidelines (e.g., at the appropriate competency level, with appropriate supervision) while still in graduate training.

Completion of this form and approval must be obtained prior to beginning any outside clinical experiences.

Student name: _____

Year in program: _____

Date of request: _____

Site name: _____

Supervisor(s) names(s), degree(s), and contact information:

_____

_____

Expected start date and duration: _____

Expected number of hours per week (inclusive of all clinical services, supervision, report/note writing, and training activities): _____

Please describe your planned clinical experience in more detail below, including:

- What clinical services will you be providing (include anticipated number of clinical hours per week)?

- What type of supervision will you be receiving (i.e., the number of hours per week, individual or group supervision, the licensure level of the supervisor)?

- How are these clinical services commensurate with your level of training?

- Will you be engaged in any type of training during this experience (e.g., didactic seminars or other learning opportunities)? If so, please describe the frequency and nature of these training activities.

☐ I am requesting that the Clinical Program sanction this outside clinical experience as a formal clinical practicum (i.e., to be able to count these hours on my AAPI when applying to internship). I understand that this will require a practicum agreement form and practicum competency evaluation forms to be completed by my supervisor(s) at this site. *Please note: previously approved outside clinical experiences that are asked retroactively to be sanctioned as a practicum may only be considered if all usual practicum requirements are met, including completion of the competency evaluation form.*

Clinical Program Review and Determination

☐ Approved and program-sanctioned as a practicum experience
☐ Approved as an outside clinical experience (not program-sanctioned as practicum)
☐ Not Approved

Rationale for Program Decision:

Practicum Coordinator Signature _____ Date _____

Email Templates: Notification from Student to Site

Pre-Notification (March 15, 2024) from Student to Site: Declining Intent to Offer

Dear Site,

Thank you for taking the time to speak with me during the interview process. I very much enjoyed the chance to get to know a little more about you and your training Site for next year. Unfortunately, I am writing to let you know that I have decided to decline the offer you intended to make on Monday. I have considered my training needs and have decided to pursue alternate Sites that I believe better match my training goals. Thank you for your time and consideration and I wish you the best in the match process.

Sincerely,

Student Name
Student contact information

Notification Day (March 18, 2024) from Student to Site: Declining Offer

Dear Site,

Thank you for taking the time to speak with me during the interview process. I very much enjoyed the chance to get to know a little more about you and your training Site for next year. Unfortunately, I am writing to let you know that I have decided to decline your offer to train with you next year. I have considered my training needs and have decided to pursue alternate Sites that I believe better match my training goals. Thank you for your time and consideration and I wish you the best in the match process.

Sincerely,

Student Name
Student contact information

Notification Day (March 18, 2024) from Student to Site: Holding Offer

Dear Site,

Thank you for taking the time to speak with me during the interview process and inviting me to train with you next year. I am writing to inform you that I have received your invitation to train with you next year and in accordance with ACEPT guidelines, will be exercising my option to hold the offer for up to 1 hour (from the time the email was sent).

- I understand that if I do not respond to you within 1 hour (from the time the email was sent), that this offer is void.
- I understand that it is expected that I respond to your offer as soon as I have made a decision in an effort to be respectful to your match process and the match processes of my fellow Students.
- I understand that if I accept another position, I am to inform you of this immediately.
- **I understand that I can only hold one offer at a time and have selected your site for this option**.

I appreciated the chance to get to know a little more about you and your training Site. I appreciate your willingness to allow me to take up to 1 hour (from the time the email was sent) to consider my training needs and the best fit for these needs during the 2024-2025 training year.

Sincerely,

Student Name
Student contact information

Notification Day (March 18, 2024) : from Student to Site: Ranking Inquiry on Notification Day

Dear Site,

Thank you for taking the time to speak with me during the interview process. I am writing to inform you that I have received an invitation to train at another site next year, but I believe your site is a better match for my training goals. I need to accept or decline the alternative offer by _____. Per ACEPT guidelines, I am writing to ask for feedback about my current ranking at your site. I understand that you may not be able to provide an exact ranking number, but it would be helpful to know if I am in the top tier of alternative candidates being considered, middle tier of alternative candidates being considered, no longer being considered, or if you feel you will not have enough information on my alternative ranking status by the decision deadline listed above. Any feedback that you can provide to assist in my decision making is appreciated.

Sincerely,
Student Name
Student contact information

Notification (March 18, 2024) from Student to Site: Accepting Offer

Dear Site,

Thank you for taking the time to speak with me during the interview process and inviting me to train with you next year. I am writing to inform you that I will be accepting your offer to train with you for the 2024-2025 training year.

I very much enjoyed the chance to get to know a little more about you and your training Site. I have considered my training goals and have decided that your Site is the best fit for these goals. In accordance with ACEPT guidelines, I will now be sending an email to other Sites that I have interviewed with to inform them that I have accepted an offer. I will also be emailing my school to inform them that I have accepted an offer to train with your Site.
Thank you again for this opportunity.

Sincerely,

Student Name
Student contact information

Notification (March 18, 2024) from Student to Site: Accepting Another Position

Dear Site,

I am writing to let you know that I have recently accepted an offer at another Site. Although I appreciate the time and consideration that you gave to me and my applications materials, I felt that another Site would better fit my training needs in the upcoming year. I truly valued the opportunity to speak with you and I wish you well in the match process.

Sincerely,

Student
Student contact info

TQCVL Verification Process for the Clinical Psychology Doctoral Program in the Department of Psychology at Illinois Institute of Technology

The *Trainee Qualifications and Credentials Verification Letter* (TQCVL) is a letter that DCTs are required to sign and submit to the VA on behalf of each trainee that will be working at the VA. The letter contains personal and medical information (e.g., vaccination status) to which the DCT is customarily not privy.

The following is a set of guidelines for handling this VA requirement to protect the privacy and respect the self-determination of clinical psychology students as they decide if they wish to pursue VA training opportunities. This process is also in place to ensure that the DCT feels comfortable signing a document that attests to information not appropriate for a DCT to review or evaluate (e.g., vaccination records). For this documented policy, the term *DCT* refers to the current Program Director of the Clinical Psychology Ph.D. Program at Illinois Tech or an acting DCT who has been appointed the role of acting Program Director in the absence or unavailability of the current DCT.

1. The TQCVL VA requirement will be made transparent to all program students, including the option not to pursue VA training if students wish not to disclose information required by the TQCVL letter; this information, including this written policy, will be included in detail in the
    a. clinical psychology program's student handbook
    b. practicum training orientation and materials
    c. clinical internship training orientation and materials.

2. Students pursuing VA training and for whom the VA has requested a DCT-endorsed TQCVL must, per the VA, completed the following steps:
    a. obtain a tuberculosis screening no more than 90-days before the initial start date of the clinical training
    b. Self-certify, or provide evidence of, being up-to-date with the following vaccinations: Hepatitis B; Seasonal Influenza, before November 30 of influenza season; Measles, Mumps, and Rubella, Varicella; Tetanus, Diphtheria, and Pertussis; Meningococcal; and Covid-19
    c. self-certify having, or provide evidence of, a satisfactory physical condition based on a physical examination in the past 12-months
    d. sign a program-specific statement that
        i. permits the DCT to screen your name against the Health and Human Services' list of Excluded Individuals
        ii. acknowledges that should your name show up on the Health and Human Services' list of Excluded Individuals, the DCT will be unable to endorse your TQCVL
        iii. sign a program-specific statement that, if assigned to male[1] at birth, a US citizen or immigrant, and between 18 and 25 years old (inclusive of 18 and

[1]Federal law requires that most males living in the US between the ages of 18 and 25 (inclusive of 18 and 25) register with the Selective Service System. This includes individuals who are US citizens, non-US citizens and dual nationals, regardless of their immigration status. *Male* for this

25), you have registered with Selective Service or will provided a Status Information Letter.

e. For non-US citizen trainees,
   i. provide the DCT with documented proof of current immigrant or non-immigrant status. This may include a permanent resident card, employment authorization document Form I-766, visas: J-1, J-2, H-1B, H-4, E-3, DS-2019, or evidence of having been issued a US social security number; and I permit the DCT to provide this documented proof of my current immigrant or non-immigrant status along with the TQCVL to the VA
   ii. sign a statement that permits the DCT to provide this documented proof of current immigrant or non-immigrant status along with the TQCVL to the VA.

The foregoing are mandatory requirements set by the VA. The DCT has no ability to waive or modify them. Of course, the decision to pursue training at the VA is at the sole option of the student, and a student who does not wish to comply with these requirements may seek training at a non-VA facility.

3. To protect the privacy and security of the information required to be collected for the TQCVL, the following protocols will be followed:
   a. Any information collected by the DCT for the purposes of completing your TQCVL will be reviewed only by the DCT for purposes of completing the TQCVL or verifying information on the TQCVL. No other faculty will have access to this information.
   b. The information for completing the TQCVL will be stored in a locked filing cabinet in the office of the DCT. Other than the DCT, no other faculty, staff, or students will have access to the TQCVL information at IIT.
   c. Information for the TQCVL will be stored for 1 year passed the date of earning the Ph.D. or otherwise discontinuing from the program. At this time, the TQCVL will be destroyed by the DCT.

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purpose is defined as those individuals born male on their birth certificate regardless of current gender. Only male, non-US citizens on a student or visitor visa are exempt from registration. Males required to register, but who fail to do so by their 26th birthday, are **barred from any position in any Executive Agency**.

TQCVL Attestation for the Clinical Psychology Doctoral Program in the Department of Psychology at Illinois Institute of Technology

I, _____ ("I," "me," or "my"), am enrolled in the Clinical Psychology Doctoral Program of the Department of Psychology at Illinois Institute of Technology (the "Academic Program"). I have freely sought, and knowingly made the decision, to participate in a practical training program at _____ _____ (the "Training Program"), a facility operated by the Department of Veteran Affairs (the "VA"). In connection therewith, I acknowledge the VA mandates, as a condition of my participation in the Training Program, that I satisfy certain health requirements and confirm certain personal information. I further acknowledge that I have received information regarding these requirements and that I have read and understand them. I am aware that the VA mandates that my program director (hereinafter referred to as the "DCT") endorse and submit a *Trainee Qualifications and Credentials Verification Letter* regarding these matters (the "TQCVL"), and I understand that the information needed for the DCT to do so is not information that the DCT or my Academic Program possesses or would otherwise request of me. Accordingly, in order to enable the DCT to endorse and submit the TQCVL, I knowingly and freely am providing the information below. I represent and warrant that all of the information below is true and accurate, and I acknowledge and agree that it may be relied upon by the DCT in connection with the endorsement and submission of the TQCVL.

Physical

_____ (initial) I agree to provide evidence of, or self-certify having, a satisfactory physical condition based on a physical examination in the past 12-months

Tuberculosis Screening

_____ (initial) I agree to supply a copy of tuberculosis screening results or a formal physician note explaining the results to the DCT for verification and storage to comply with the TQCVL process. The screening results must be no more than 90-days before the initial start date of the clinical training.

Vaccinations

I agree to provide evidence of, or self-certify having, an up-to-date vaccination for the following:

_____ (initial) Hepatitis B
_____ (initial) Seasonal Influenza, before November 30 of influenza season
_____ (initial) Measles, Mumps, & Rubella
_____ (initial) Varicella
_____ (initial) Tetanus, Diphtheria, Pertussis
_____ (initial) Meningococcal
(initial) Covid-19

HHS List of Excluded Individuals

_____ (initial)I permit the DCT to screen my name against the Health and Human Services' list of Excluded Individuals and acknowledge that should my name show up on the Health and Human Services' list of Excluded Individuals, the DCT will be unable to endorse my TQCVL.

Selective Service

Federal law requires that most males living in the US between the ages of 18 and 25 (inclusive of 18 and 25) register with the Selective Service System. This includes individuals who are US citizens, non-US citizens and dual nationals, regardless of their immigration status. *Male* for this purpose is defined as those individuals born male on their birth certificate regardless of current gender. Only male, non-US citizens on a student or visitor visa are exempt from registration. Males required to register, but who fail to do so by their 26th birthday, are barred from any position in any Executive Agency.

I state that I (initial one only):

_____ Am not a male assigned at birth, am not a US citizen or immigrant, or am not between 18 and 25 years old (inclusive of 18 and 25);

Have registered with the Selective Service;

Have not registered with the Selective Service despite being a US citizen or immigrant, assigned as a male at birth, and between the ages of 18 and 25 years old (inclusive of 18 and 25); however, I can provide the DCT with a Status Information Letter; or

_____ Have not registered with the Selective Service despite being a US citizen or immigrant, assigned as a male at birth, and between the ages of 18 and 25 years old (inclusive of 18 and 25); I cannot show proof of a Status Information Letter.

Citizenship and Immigrant Status

I state that I (initial one only):

Am a US Citizen

Am not a US Citizen but can provide the DCT with documented proof of current immigrant or non-immigrant status that may include a permanent resident card, employment authorization document Form I-766, visas: J-1, J-2, H-1B, H-4, E-3, DS-2019, or evidence of havng been issued a US social security number; and I permit the DCT to provide this documented proof of my current immigrant or non-immigrant status along with the TQCVL to the VA.

TQCVL Process for the Academic Program

I acknowledge that the TQCVL and the subject matters thereof are mandatory requirements set by the VA. Neither the Academic Program nor DCT has the ability to waive or modify these requirements. I also acknowledge that the decision to pursue training at the VA is my option, and if I do not wish to comply with these requirements, I may seek training at a non-VA facility. With respect to my Academic Program, whatever decision I make will have no consequential impact. I understand that this information provided herein and to be provided pursuant hereto will be used, stored, safeguarded and destroyed consistent with the Department of Psychology's *TCQVL Verification Process for the Clinical Psychology Doctoral Program*. Finally, I acknowledge and agree that the DCT will not, and cannot, endorse and submit a TQCVL for me so that I may participate in the Training Program until I have provided all information required herein.

I confirm that I am knowingly and freely agreeing to assume and take on all of the risks and responsibilities in any way associated with my participation in the Training Program, including, without limitation, providing the information necessary for the DCT to endorse and submit the TCQVL. In consideration of and return for the Academic Program permitting the DCT to do so, I, as and to the full extent allowed by law, hereby release Illinois Institute of Technology, its academic units, and/or its governing boards, employees and agents from any and all liability, claims and actions, excluding those arising from willful and wanton misconduct, that may arise from any injury or harm to me or from damage to property in connection with my participation in the Training Program, including, without limitation, providing the information necessary for the DCT to endorse and submit the TCQVL. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failure to act of Illinois Institute of Technology, its academic units, and/or its governing boards, employees or agents, including, but not limited to, negligence, mistake or failure to supervise, but excludes willful and wanton conduct.

I understand and agree that should any of the information that I provide or submit pursuant hereto be untrue, false, forged or inaccurate that my Academic Program will promptly inform the Training Program and that the Academic Program will pursue disciplinary action against me under applicable policies and procedures, which could ultimately result in my dismissal or expulsion from the Academic Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT, AMONG OTHER THINGS, THIS IS A RELEASE OF LIABILITY. I HEREBY SIGN THIS AGREEMENT OF MY OWN FREE WILL, ACKNOWLEDGING THAT, PRIOR TO DOING SO, I HAD THE RIGHT TO CONSULT WITH AN ADVISOR, COUNSELOR OR ATTORNEY OF MY CHOOSING.

By my signature below, I represent and warrant that any and all of the information provided or submitted pursuant hereto is or will be true, complete and accurate, and I am freely and knowingly agreeing to the terms and provisions hereof.

_____ _____

Signature Date

Loyola University Medical Center (LUMC) Verification Process for the Clinical Psychology Doctoral Program in the Department of Psychology at Illinois Institute of Technology

LUMC requires Illinois Tech to carry out a series of verification steps for its students as part of any practicum contract at the site. The verification will require the DCT to receive, review, and securely store personal and medical information (e.g., vaccination status) to which the DCT is customarily not privy. This information may be supplied to LUMC upon request.

The following is a set of guidelines for handling this LUMC requirement to protect the privacy and respect the self-determination of clinical psychology students as they decide if they wish to pursue LUMC training opportunities. This process is also in place to ensure that the DCT feels comfortable signing a document that attests to information not appropriate for a DCT to review or evaluate (e.g., vaccination records). For this documented policy, the term *DCT* refers to the current Program Director of the Clinical Psychology Ph.D. Program at Illinois Tech or an acting DCT who has been appointed the role of acting Program Director in the absence or unavailability of the current DCT.

1. The LUMC verification requirement will be made transparent to all program students, including the option not to pursue LUMC training if students wish not to disclose information required by the LUMC contract; this information, including this written policy, will be included in detail in the
    a. clinical psychology program's student handbook
    b. practicum training orientation and materials

2. Students pursuing LUMC training must, per the LUMC contract, complete the following steps at his or her own expense:
    a. Supply evidence of completing a FERPA release permitting Illinois Tech and LUMC staff to communicate about your Illinois Tech academic standing and performance, if and when necessary.
    b. Supply official findings from a felony and misdemeanor background check showing "no findings." *Note. If results show findings for felony or misdemeanor, student must permit Illinois Tech to inform LUMC of any such prior convictions or current charges for any state or federal offenses, other than minor traffic violations.*
    c. Supply evidence of successfully completing training on the requirements of the Occupational Safety and Health Administration (OSHA).
    a. Supply evidence of completing training and (re)certification in Cardiopulmonary Resuscitation (CPR)
    b. Provide the DCT with the following health certification information for review and storage:
        i. Two-step tuberculin skin or Quantiferon Gold test. *Note. The Tuberculin Assessment Form must be completed if previous tuberculin test was positive. If student has a history of a positive TB skin test/Quantiferon test, or tests positive for TB, documentation of the positive test is required, as well as a doctor's note that a copy of a chest x-ray has been taken and*

reviewed within the past three months. If student took medication for active/latent tuberculosis, records must be provided.

ii. Documentation of measles, mumps and rubella titers showing immunity. If non-immune, two MMR vaccinations.
iii. Record of current TDAP immunization
iv. Record of current chicken pox or varicella titer as showing immunity
v. Negative 5-panel drug screen
vi. Hepatitits B vaccination information. *Note. For purposes of this Agreement, Student shall be considered to be vaccinated against Hepatitis B if he or she has received at least one injection of the vaccine and is in the process of completing the required services of three injections.*
    1. Evidence of receiving the vaccination against Hepatitis B, or
    2. Proof of immunity to Hepatitis B, or
    3. Written and signed refusal of Hepatitis B vaccination that expressly holds LUMC harmless for any Hepatitis B exposure or infection that may result from LUMC training)
vii. Evidence of other immunization and health-related testing as may be required by the State Department of Health Services or the OSHA for each student assigned to LUMC, as these requirements may change from time to time.
viii. Evidence that student has received the seasonal flu vaccination (between the months of October and April) in accordance with LUMC's policy.
ix. Evidence of having completed color blindness testing prior to placement at LUMC.

The foregoing are mandatory requirements set by the LUMC. The DCT has no ability to waive or modify them. Of course, the decision to pursue training at the LUMC is at the sole option of the student, and a student who does not wish to comply with these requirements may seek training at a non-LUMC facility.

3. To protect the privacy and security of the information required to be collected for the LUMC verification process, the following protocols will be followed:
    a. Any information collected by the DCT for the purposes of completing your LUMC verification will be reviewed only by the DCT for purposes of verifying information required by the LUMC contract. No other faculty will have access to this information.
    b. The information for completing the LUMC verification process will be stored in a locked filing cabinet in the office of the DCT. Other than the DCT, no other faculty, staff, or students will have access to student-specific LUMC verification information at IIT.
    c. Student information for the LUMC verification process will be stored for 1 year passed the date of earning the Ph.D. or otherwise discontinuing from the program. At this time, the student-specific LUMC verification information will be destroyed by the DCT.

LUMC Attestation for the Clinical Psychology Doctoral Program in the Department of Psychology at Illinois Institute of Technology

I, _____ ("I," "me," or "my"), am enrolled in the Clinical Psychology Doctoral Program of the Department of Psychology at Illinois Institute of Technology (the "Academic Program"). I have freely sought, and knowingly made the decision, to participate in a practicum training program at Loyola University Medical Center (LUMC) In connection therewith, I acknowledge the LUMC mandates, as a condition of my participation at LUMC, that I satisfy certain requirements and confirm certain personal information. I further acknowledge that I have received information regarding these requirements and that I have read and understand them. I am aware that the LUMC mandates that my program director (hereinafter referred to as the "DCT") collect, review, store, and submit to LUMC information regarding these matters, and I understand that the information needed for the DCT to do so is not information that the DCT or my Academic Program possesses or would otherwise request of me. Accordingly, in order to enable the DCT to satisfy the LUMC requirements, I knowingly and freely am providing the information below. I represent and warrant that all of the information below is true and accurate, and I acknowledge and agree that it may be relied upon by the DCT in connection with the LUMC requirements.

FERPA Release

I agree to supply a copy or receipt of submission of a FERPA release explicitly permitting the Academic Program to communicate with and provide FERPA-protected information to LUMC staff.

Criminal Background Check

I agree to supply a copy of findings from a felony and misdemeanor background check completed, at my expense, within two months of the LUMC training start date. I acknowledge that if results of the criminal background check show findings for felony or misdemeanor, I permit the Academic Program to inform LUMC of any such prior convictions or current charges for any state or federal offenses, other than minor traffic violations.

5-Panel Drug Screen

I agree to supply a copy of findings from a 5-panel drug screen, at my expense, within two months of the LUMC training start date. I acknowledge that if results of the drug screen are positive for drug use, I permit the Academic Program to inform LUMC of any such findings.

Occupational Safety and Health Administration (OSHA) Training

I agree to supply evidence of completing OSHA training, completed at my own expense.

Cardiopulmonary Resuscitation (CPR) Training and Certification or Recertification

I agree to supply evidence of completing CPR training and certification or recertification, completed at my own expense.

Tuberculosis Screening

I agree to supply a copy of a two-step tuberculin skin or Quantiferon Gold test and a formal physician note and signature endorsing these results to the DCT for verification and storage to comply with the LUMC process. I acknowledge that the Tuberculin Assessment Form must be completed and suppled to the DCT

if previous tuberculin test was positive. I acknowledge that if I have a history of a positive TB skin test/Quantiferon test, or tests positive for TB, documentation of the positive test is required, as well as a doctor's note that a copy of a chest x-ray has been taken and reviewed within the past three months. I acknowledge that if I took medication for active/latent tuberculosis, records must be provided.

Measles, Mumps, Rubella (MMR)

I agree to supply documentation of measles, mumps and rubella titers showing immunity, or if non-immune, supply evidence of receiving two MMR vaccinations.

Tetanus, Diphtheria, and Pertussis (TDAP)

I agree to supply documentation of TDAP immunization.

Chicken Pox or Varicella

I agree to supply documentation of chicken pox or varicella titer showing immunity

Hepatitis B Vaccination

I agree to supply evidence of one of the following regarding the Hepatitis B vaccination to the DCT for verification and storage to comply with the LUMC process (initial one only):

_____ Evidence of obtaining a Hepatitis B vaccine or having already obtained a Hepatitis B vaccine in the past (with a formal physician note and signature attesting to this vaccination);

_____ Proof of immunity to Hepatitis B; or

_____ A signed formal declination of the Hepatitis B vaccine that expressly holds LUMC harmless for any Hepatitis B exposure or infection that may result from LUMC training.

Influenza Vaccination

I agree to supply evidence that I have received the seasonal flu vaccination (between the months of October and April) in accordance with LUMC's policy.

Other Immunization and Health-Related Testing

I acknowledge that I may need to provide evidence of other immunization and health-related testing as required by the State Department of Health Services or the OSHA, as these requirements may change from time to time.

LUMC Process for the Academic Program

I acknowledge that the above are mandatory requirements set by the LUMC. Neither the Academic Program nor DCT has the ability to waive or modify these requirements. I also acknowledge that the decision to pursue training at LUMC is my option, and if I do not wish to comply with these requirements, I may seek training at a non-LUMC facility. With respect to my Academic Program, whatever decision I make will have no consequential impact. I understand that this information provided herein and to be provided pursuant hereto will be used, stored, safeguarded and destroyed consistent with the Department of Psychology's *Loyola University Medical Center (LUMC) Verification Process.* Finally, I

acknowledge and agree that the DCT will not, and cannot, endorse your LUMC training until I have provided all information required herein.

I confirm that I am knowingly and freely agreeing to assume and take on all of the risks and responsibilities in any way associated with my participation in training at LUMC, including, without limitation, providing the information necessary for the DCT to endorse my training at LUMC. In consideration of and return for the Academic Program permitting the DCT to do so, I, as and to the full extent allowed by law, hereby release Illinois Institute of Technology, its academic units, and/or its governing boards, employees and agents from any and all liability, claims and actions, excluding those arising from willful and wanton misconduct, that may arise from any injury or harm to me or from damage to property in connection with my participation in the LUMC training, including, without limitation, providing the information necessary for the DCT to endorse your training at LUMC. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failure to act of Illinois Institute of Technology, its academic units, and/or its governing boards, employees or agents, including, but not limited to, negligence, mistake or failure to supervise, but excludes willful and wanton conduct.

I understand and agree that should any of the information that I provide or submit pursuant hereto be untrue, false, forged or inaccurate that my Academic Program will promptly inform LUMC and that the Academic Program will pursue disciplinary action against me under applicable policies and procedures, which could ultimately result in my dismissal or expulsion from the Academic Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT, AMONG OTHER THINGS, THIS IS A RELEASE OF LIABILITY. I HEREBY SIGN THIS AGREEMENT OF MY OWN FREE WILL, ACKNOWLEDGING THAT, PRIOR TO DOING SO, I HAD THE RIGHT TO CONSULT WITH AN ADVISOR, COUNSELOR OR ATTORNEY OF MY CHOOSING.

By my signature below, I represent and warrant that any and all of the information provided or submitted pursuant hereto is or will be true, complete and accurate, and I am freely and knowingly agreeing to the terms and provisions hereof.

_____ _____

Signature Date

University of Chicago Medicine (UCMC) Verification Process for the Clinical Psychology Doctoral Program in the Department of Psychology at Illinois Institute of Technology

University of Chicago Medicine (UCMC) requires Illinois Tech to complete a *Medical Regulatory Requirements for Students* verification form as part of practicum at the site. The verification will require the DCT to receive, review, and securely store personal and medical information (e.g., vaccination status) to which the DCT is customarily not privy. This information may be supplied to UCMC upon request.

The following is a set of guidelines for handling this UCMC requirement to protect the privacy and respect the self-determination of clinical psychology students as they decide if they wish to pursue UCMC training opportunities. This process is also in place to ensure that the DCT feels comfortable signing a document that attests to information not appropriate for a DCT to review or evaluate (e.g., vaccination records). For this documented policy, the term *DCT* refers to the current Program Director of the Clinical Psychology Ph.D. Program at Illinois Tech or an acting DCT who has been appointed the role of acting Program Director in the absence or unavailability of the current DCT.

1. The UCMC verification requirement will be made transparent to all program students, including the option not to pursue UCMC training if students wish not to disclose information required by the UCMC Medical Regulatory Requirements for Students form; this information, including this written policy, will be included in detail in the
    a. clinical psychology program's student handbook
    b. practicum training orientation and materials

2. Students pursuing UCMC training and for whom UCMC has requested an authorized school representative to certify that they meet all UCMC screening requirements, must provide the DCT with the following medical information for review and storage, including the corresponding date(s) of the same:
    a. Documentation of tuberculosis screening
        i. ***NEGATIVE HISTORY*:** Documentation of 2 TB skin tests is required **IF** the student is assigned to UCMC for > 3 months. One must be within the past 12 months and one must be within 3 months of start date. If the assignment is ≤ 3 months, one TB skin test within 12 months of the start date is required. Placement of the 2nd TB skin test must be at least 7 days after placement of the 1st TB skin test.
            1. QuantiFERON®-TB Gold test (QFT-G) is acceptable in lieu of TB skin testing. QFT-G testing must be within 3 months of the start date if the assignment is > 3 months. If the assignment is ≤ 3 months the QFT-G must be within 12 months of the start date.
        ii. ***POSITIVE HISTORY*:** Documentation of + TB skin test and Chest X-ray. Chest X-ray must be within 3 months of the start date. Please note: those with a history of BCG vaccination without + TB skin test documentation are not exempt from TB testing.
    b. Documentation of rubeola (measles) immunity (titer) OR two doses of live measles vaccine
    c. Documentation of mumps immunity (titer) OR two doses of live mumps vaccine

d. Documentation of rubella immunity (titer) OR vaccination
e. Documentation of varicella (chicken pox) immunity (titer) OR two doses of varicella vaccine
f. Documentation of hepatitis B vaccination OR positive Hepatitis B antibody titer OR vaccine declination
    i. Hepatitis B surface antigen and Hepatitis B surface antibody titer is required for students assigned to renal dialysis units
g. Evidence of urine drug screen (forensic) 8 or 9 panel using chain of custody protocol and sent to a NIDA (SAMHSA) certified lab
    i. UCMC does not require testing for THC (marijuana)
h. Documentation of completion of all recommended doses of a COVID-19 vaccine which is FDA approved/authorized
i. Documentation of TDAP vaccination within the past 10 years
j. Documentation of annual influenza vaccination (September 1 – March 31)

The foregoing are mandatory requirements set by UCMC. The DCT has no ability to waive or modify them. Of course, the decision to pursue training at UCMC is at the sole option of the student, and a student who does not wish to comply with these requirements may seek training at a non-UCMC facility.

3. To protect the privacy and security of the information required to be collected for the UCMC verification process, the following protocols will be followed:
    a. Any information collected by the DCT for the purposes of completing your UCMC verification will be reviewed only by the DCT for purposes of verifying information required by the UCMC practicum. No other faculty will have access to this information.
    b. The information for completing the UCMC verification process will be stored in a locked filing cabinet in the office of the DCT. Other than the DCT, no other faculty, staff, or students will have access to student-specific UCMC verification information at IIT.
    c. Student information for the UCMC verification process will be stored for 1 year passed the date of earning the Ph.D. or otherwise discontinuing from the program. After this time, the student-specific UCMC verification information will be destroyed by the DCT.

UCMC Attestation for the Clinical Psychology Doctoral Program in the Department of Psychology at Illinois Institute of Technology

I, _____ ("I," "me," or "my"), am enrolled in the Clinical Psychology Doctoral Program of the Department of Psychology at Illinois Institute of Technology (the "Academic Program"). I have freely sought, and knowingly made the decision, to participate in a practicum training program at University of Chicago Medicine (UCMC). In connection therewith, I acknowledge the UCMC mandates, as a condition of my participation at UCMC, that I satisfy certain requirements and confirm certain personal information. I further acknowledge that I have received information regarding these requirements and that I have read and understand them. I am aware that the UCMC mandates that my program director (hereinafter referred to as the "DCT") collect, review, store, and submit to UCMC information regarding these matters, and I understand that the information needed for the DCT to do so is not information that the DCT or my Academic Program possesses or would otherwise request of me. Accordingly, in order to enable the DCT to satisfy the UCMC requirements, I knowingly and freely am providing the information below. I represent and warrant that all of the information below is true and accurate, and I acknowledge and agree that it may be relied upon by the DCT in connection with the UCMC requirements.

Tuberculosis Screening

I agree to supply documentation of tuberculosis screening. If I have a **negative history** for TB, I acknowledge that documentation of 2 TB skin tests is required IF I am assigned to UCMC for > 3 months. One must be within the past 12 months and one must be within 3 months of start date. If the assignment is < 3 months, one TB skin test within 12 months of the start date is required. Placement of the 2nd TB skin test must be at least 7 days after placement of the 1st TB skin test. I acknowledge that the QuantiFERON®-TB Gold test (QFT-G) is acceptable in lieu of TB skin testing. QFT-G testing must be within 3 months of the start date if the assignment is > 3 months. If the assignment is < 3 months the QFT-G must be within 12 months of the start date.

If I have a **positive history** for TB, I acknowledge that: (i) UCMC requires documentation of a + TB skin test and chest X-ray, with the chest X-ray within 3 months of the start date; and (ii) those with a history of BCG vaccination without + TB skin test documentation are not exempt from TB testing.

Rubeola (Measles)

I agree to supply documentation of Rubeola (measles) immunity OR evidence of receiving two doses of live measles vaccine.

Mumps

I agree to supply documentation of Mumps immunity OR evidence of receiving two doses of live mumps vaccine.

Rubella

I agree to supply documentation of Rubella immunity OR evidence of vaccination.

Varicella (Chicken Pox)

I agree to supply documentation of Varicella immunity OR evidence of two doses of Varicella vaccine.

Hepatitis B

I agree to supply documentation of one of the following regarding Hepatitis B (initial one only):

_____ Evidence of obtaining the Hepatitis B vaccination series

Proof of immunity to Hepatitis B (positive Hepatitis B antibody titer)

_____ A signed formal declination of the Hepatitis B vaccine

Urine Drug Screen (forensic) 8 or 9 panel

I agree to supply a copy of findings from a urine drug screen using chain of custody protocol and sent to a NIDA (SAMSHA) certified lab. I acknowledge that UCMC does not require testing for THC (marijuana).

COVID-19

I agree to supply documentation of completion of all recommended doses of a COVID-19 vaccine which is FDA approved/authorized.

Tetanus, Diphtheria, and Pertussis (TDAP)

I agree to supply documentation of TDAP immunization with the past 10 years.

Influenza Vaccination

I agree to supply evidence that I have received the annual influenza vaccination between September 1st and March 31st.

UCMC Process for the Academic Program

I acknowledge that the above are mandatory requirements set by UCMC. Neither the Academic Program nor DCT has the ability to waive or modify these requirements. I also acknowledge that the decision to pursue training at UCMC is my option, and if I do not wish to comply with these requirements, I may seek training at a non-UCMC facility. With respect to my Academic Program, whatever decision I make will have no consequential impact. I understand that this information provided herein and to be provided pursuant hereto will be used, stored, safeguarded and destroyed consistent with the Department of Psychology's *University of Chicago Medicine (UCMC)*

Verification Process. Finally, I acknowledge and agree that the DCT will not, and cannot, endorse the UCMC *Medical Regulatory Requirements for Students* form until I have provided all information required herein.

I confirm that I am knowingly and freely agreeing to assume and take on all of the risks and responsibilities in any way associated with my participation in training at UCMC, including, without limitation, providing the information necessary for the DCT to endorse my training at UCMC. In consideration of and return for the Academic Program permitting the DCT to do so, I, as and to the full extent allowed by law, hereby release Illinois Institute of Technology, its academic units, and/or its governing boards, employees and agents from any and all liability, claims and actions, excluding those arising from willful and wanton misconduct, that may arise from any injury or harm to me or from damage to property in connection with my participation in the UCMC training, including, without limitation, providing the information necessary for the DCT to endorse my training at UCMC. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failure to act of Illinois Institute of Technology, its academic units, and/or its governing boards, employees or agents, including, but not limited to, negligence, mistake or failure to supervise, but excludes willful and wanton conduct.

I understand and agree that should any of the information that I provide or submit pursuant hereto be untrue, false, forged or inaccurate that my Academic Program will promptly inform UCMC and that the Academic Program will pursue disciplinary action against me under applicable policies and procedures, which could ultimately result in my dismissal or expulsion from the Academic Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT, AMONG OTHER THINGS, THIS IS A RELEASE OF LIABILITY. I HEREBY SIGN THIS AGREEMENT OF MY OWN FREE WILL, ACKNOWLEDGING THAT, PRIOR TO DOING SO, I HAD THE RIGHT TO CONSULT WITH AN ADVISOR, COUNSELOR OR ATTORNEY OF MY CHOOSING.

By my signature below, I represent and warrant that any and all of the information provided or submitted pursuant hereto is or will be true, complete and accurate, and I am freely and knowingly agreeing to the terms and provisions hereof.

_____ _____

Signature Date

Northwestern

STUDENT RESPONSIBILITIES AND EXPECTATIONS

1. I understand that I am not acting as an employee, agent or servant of NMHC for any purposes whatsoever when engaged in educational activities for which I will receive credit from SCHOOL.

2. I have passed a physical examination and criminal background check in accordance with the policies of NMHC, which examination shall include a TB test (and a chest x-ray if the TB test is positive), mumps, rubella, rubeola, varicella and Hepatitis-B immunity, and satisfactory result on any other screening tests required by NMHC. I agree that I will update such tests/immunizations as required by NMHC during the duration of the Program. Additionally, I understand that SCHOOL will provide to NMHC the results of a ten (10) panel drug screening and background check upon request.

3. I have been or will agree to be trained in infection control and occupational exposure risk and reduction in compliance with OSHA's blood borne pathogen and tuberculosis regulations and guidelines;

4. I have procured full health insurance coverage. Such coverage, for both basic health services as well as emergency care, must be maintained for the duration of my participation in the placement and a copy of the proof of insurance has been or will be provided to NMHC upon request. I understand that I am responsible for the full cost of my own medical care, transportation and/or living arrangements;

5. I have been informed by SCHOOL of my responsibilities under the Educational Affiliation Agreement between SCHOOL and NMHC.

6. I understand that all identifiable patient information, including without limitation the name of a patient and the fact that he or she is being treated by NMHC, is confidential and may not be disclosed by me except where it is necessary to the treatment of a patient and then only to a member of the treatment team. I may not access, copy or maintain any such confidential patient information, in either hard copy or electronic form, except for the purposes of the Program, and if I improperly or inadvertently violate this obligation, I shall immediately report the violation to my supervisor at NMHC and either tender the copies to that person or destroy them. I also understand that any failure to comply with these confidentiality provisions may result in my immediate termination from the Program. These obligations shall survive termination of this Agreement;

7. I shall report to NM FACILITIES on time on the days scheduled and shall comply with all relevant NMHC policies, procedures, rules and regulations, including without limitation, NMHC'S drug-free and smoke-free workplace policies, infection control practices and fire and safety regulations, and I agree to participate, if requested, in relevant NMHC'S sponsored programs relating to patient care issues, quality control and utilization reviews;

8. I shall obtain prior written approval of NMHC and SCHOOL before publishing any material relating to the educational experience;

9. I shall conform to the relevant standards and practices of SCHOOL while training in NM FACILITIES so long as those standards and practices do not contradict those of NMHC.

10. I shall provide, at my cost, the necessary and appropriate uniforms if required by NMHC, as well as all transportation and/or living arrangements;

11. I will be responsible for the full cost of any medical care that I may receive at NM FACILITIES unless the law or NMHC'S policies provide otherwise; and

12. I will submit to a criminal background check and government health program exclusions check. I understand that NMHC may cancel my placement if it determines that I have been convicted of a felony or criminal misdemeanor that could reasonably be expected to impact the health, safety or welfare of NM FACILITIES or its patients, employees, staff, visitors or assets, I am excluded from participation in any federal or state healthcare program, or I am known to be a drug trafficker or terrorist. All background checks shall be conducted in strict compliance with NMHC'S relevant policies and Illinois and federal law. By my signature below, I acknowledge that I have not been convicted of any misdemeanor or felony that could impact the health, safety or welfare of the patients, employees or visitors of the Hospital, or the safety and security of its property and assets.

13. I will have the status of "Student" while at NM FACILITIES and I may not replace NM FACILITIES staff, or render patient care or service except as identified for educational value and delineated in the Program as agreed to by SCHOOL and NMHC. Any direct contact between me and a patient shall be under the proximate supervision of a member of the NM FACILITIES' staff.

14. I will wear the name tag provided by NMHC, identifying me as a student, at all times while on NM FACILITIES' premises.

Signature:_____ Date:_____

Printed Name: _____

Proof of Immunity/Requirement Page

Name: Click here to enter text. **DOB (M/D/YYYY)** Click or tap to enter a date.

Last four Digits of SS#: Click here to enter text. **Are you a current NM employee?** Choose an item.

Email (cannot be NM email): Click here to enter text. **Phone Number:** Click here to enter text.

School: Click here to enter text. **Program:** Click here to enter text.

Rotation Start Date: Click or tap to enter a date. **Rotation End Date:** Click or tap to enter a date.

NM Unit/Department: Click here to enter text. **NM Preceptor:** Click here to enter text.

Number of hours to complete this rotation: Click here to enter text.

By signing below, I hereby verify that the student listed above is compliant with the following requirements:

TB Test within last year and/or chest x-ray
Negative Drug Screen *(min 10 panel)*
Proof of Hep B or Declination Form *(highly recommended)*
Tdap *(required for students with direct patient care)*
Current BLS/CPR card *(required for students with direct patient care)*
Criminal Background Check
Flu Vaccination within last 12 months

Proof of Immunity to:
Mumps
Measles
Rubella
Varicella

DATE OF FLU SHOT Click here to enter a date.

COVID-19 Vaccination: **3rd Dose/Booster not required**

1st Dose Vaccine Manufacturer	1st Dose Date	1st Dose Lot #	2nd Dose Vaccine Manufacturer	2nd Dose Date	2nd Dose Lot #
Choose an item.	Click or tap to enter a date.	Click or tap here to enter text.	Choose an item.	Click or tap to enter a date.	Click or tap here to enter text.
3rd Dose/Booster Vaccine Manufacturer	3rd Dose/ Booster Date	3rd Dose/ Booster Lot #	**3rd Dose/Booster not required**		
Choose an item.	Click or tap to enter a date.	Click or tap here to enter text.			

_____ _____

School Representative Signature **School Representative Printed Name**

_____ _____

Date **School Representative Email Address**

NOTE: The listed records will be made available to the clinical site as request to comply with regulatory and/or accreditation requirements especially during regulatory or accrediting body site visits to the facility

PROOF OF IMMUNITY/REQUIREMENT PAGE INSTRUCTIONS

DO NOT submit any immunization records or test results with or in place of this form.

This form should be signed by your School Representative to show that the student is in compliance with all the requirements prior to beginning your rotation/internship/externship.

Any health or background requirements that were completed for a current employer or current school program and/or rotation are acceptable.

You need to ensure that you are up to date on any item that is annual (i.e. influenza vaccine and TB Test).

Tdap and CPR are required for students that are providing direct patient care.

*Who is **not** required to have CPR and Tdap? Some examples are:*

- *Addictions Counselor*
- *Billing & Coding (HIT / HIM)*
- *Child Life Specialist*
- *Dosemitry*
- *Histotechnology Tech*
- *Lab Tech*
- *Mental Health Counselor*
- *Pathology Assistant*
- *Phlebotomy*
- *Social Worker*
- *Sterilizing Tech*

Drug screen **must** be at least a 10-panel urine test.

TB Test: We accept 2 types of tests

1. Quantiferon Gold/T-spot test within 90 days of start date.
2. 2-Step PPD (Skin Test) – the first no more than 1 year prior to start and the second no more than 90 days prior to start date.

A background check is required. This can be a non-fingerprint or a fingerprint background check

Flu vaccination – required for students on-site from September 1 – May 1.

COVID-19 vaccination – Illinois' Governor Pritzker mandated that all healthcare workers be vaccinated against COVID-19. Students enrolled in institutes of higher learning are included in that mandate, therefore, students at all NM facilities are required to be vaccinated against COVID-19.