PRE-DOCTORAL INTERNSHIP READINESS FORM

THIS FORM IS TO BE COMPLETED BY THE DIRECTOR OF TRAINING FROM YOUR ACADEMIC PROGRAM.

(STUDENT NAME) __________________ (PROGRAM OF STUDY) __________________

(DIRECTOR OF TRAINING) __________________ AT __________________

(ACADEMIC INSTITUTION ADDRESS) __________________

PLEASE INDICATE STUDENT PROGRESS ON THE FOLLOWING:

1. COMPLETION OF ALL REQUIRED COURSE WORK, INCLUDING A MINIMUM OF 600 HOURS OF PRACTICA SUPERVISED BY A REGISTERED PSYCHOLOGIST.
   YES/NO ____________ ____________

2. SUCCESSFUL COMPLETION OF DOCTORAL CANDIDACY EXAMINATION(S)
   YES/NO ____________ ____________

3. COMPLETION OF DOCTORAL DISSERTATION PROPOSAL WITH APPROVAL FROM SUPERVISORY COMMITTEE
   YES/NO ____________ ____________

4. CURRENT DISSERTATION STATUS:
   A. DATA COLLECTED YES/NO ____________ ____________
   B. COMPLETED YES/NO ____________ ____________

I CONSIDER THAT THIS STUDENT POSSESSES (PLEASE CHECK):

- SUFFICIENT PERSONAL MATURITY AND EMOTIONAL STABILITY TO HANDLE THE DEMANDS OF THE PRE-DOCTORAL INTERNSHIP EXPERIENCE.
  □  □
- SUFFICIENT ACADEMIC KNOWLEDGE AND PRACTICAL SKILLS FOR TRANSLATING THEORY INTO PRACTICE.
  □  □
- SUFFICIENT CLINICAL COMPETENCIES FOR PROVIDING EFFECTIVE AND APPROPRIATE COUNSELLING AND RELATED PROFESSIONAL SERVICES.
  □  □
- SUFFICIENT AWARENESS FOR AND COMMITMENT TO THE CURRENT ETHICAL/PROFESSIONAL CODES, STANDARDS, AND GUIDELINES OF ETHICAL CONDUCT RELEVANT TO THE PRACTICE OF PSYCHOLOGY.
  □  □
- SUFFICIENT ABILITY AND MOTIVATION TO MAKE EFFECTIVE USE OF SUPERVISION.
  □  □

SIGNATURE: ___________________________________________ DATE: ____________