***University of Oregon Counseling Psychology Doctoral Program***

***Externship Agreement***

*Student Name* [TYPE YOUR NAME HERE]

Counseling Psychology Doctoral Program, College of Education, University of Oregon

*Externship Site:* [TYPE HERE Site name & address]

*Site Supervisor:* [TYPE HERE Supervisor name, degree, title, license # (must be licensed)]

*Supervisor Email and Phone:* [TYPE HERE]

*Term(s) of Externship*: [TYPE HERE Term(s), year]

Student agrees to do the following during ***each academic term*** for which this agreement applies:

* [TYPE HERE A DESCRIPTION OF THE services and activities student extern will perform on this site as well as the population served at this site].
* [TYPE HERE THE number of credit hours
  + *Guidelines: for each 1 credit of externship, expect to spend 40 hours per 10 week term in externship work, which can be combination of direct clinical hours, supervision, paperwork, professional development (2 externship credits = 80 hours; 3 externship credits = 120 hours per term)*
* Participate in a minimum of 1 hour of supervision with the site supervisor for every 5 hours of client contact.
* Behave in a professional and ethical manner in all externship activities, including compliance with all record-keeping guidelines.
* Maintain insurance coverage.
* Register for CPSY 609 externship credits during the time-frame of the externship.
* Read Counseling Psychology Student Handbook requirements for externship.
* Read all readings and materials as assigned by your site supervisor.
* Provide an end of term (a) hours log, (b) self-evaluation and (c) supervision feedback to review with Site Supervisor.
  + All signed materials (*hours log, self-eval, supervisor eval, & supervision feedback*) must be submitted to CPSY 609 Externship Coordinator by 4 pm Friday of finals week. ***If materials are turned in later, you may receive an ‘Incomplete’ for the class.***

Supervisor agrees to the following during ***each academic term*** for which this agreement applies:

* Provide a minimum of 1hour of face-to-face supervision of the student’s externship activities and experiences for every 5 hours of direct client contact by the student.
* Provide an end of term evaluation of the student’s performance that is based in part on direct observation of student, such as vivo observation (including co-therapy), digital/electronic recording review, and/or audiotape review. Review and sign evaluations with student extern.
* Contact the Counseling Psychology Program Training Director ([cpsy@uoregon.edu](mailto:cpsy@uoregon.edu)) should any ethical or professional concerns arise involving the externship student.

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***Student name, degree Date***

***Counseling Psychology Doctoral Student University of Oregon***

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***Site Supervisor name, title, degree Date***

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***Counseling Psychology Advisor Date***

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***Counseling Psychology Training Director Date***