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

***Externship Agreement (non-binding)***

*Student/Extern Name:* [TYPE YOUR NAME HERE]

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

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

*Supervisor Contact:* [TYPE HERE Email and phone number]

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

*Total Hours Per Week:* [TYPE HERE Maximum hours you are committing to work within any given week]\*

Credits Per Term: [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, including direct clinical hours, supervision, paperwork, and professional development (2 credits = 80 hours, etc.)*

Description of Services: [TYPE HERE A description of the services and activities you will perform as a student extern will perform at this site as well as the population served at this site].

\* Students wishing to increase the total hours per week documented in this agreement must first seek explicit approval from their UO advisor before engaging in this work. This approval must be documented in writing and submitted to the Academic Program Coordinator as a supplement to this agreement. Note, students may **not** exceed 10 hours per week or commit to externship hours during the evening while also engaged in the Child and Family Practicum.

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

* 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.
* Read Counseling Psychology Student Handbook requirements for externship.
* Read all readings and materials as assigned by your site supervisor.
* Register for CPSY 609 externship credits during the time-frame of the externship.
* Provide externship supervisor with an end-of-term summary of direct, assessment, supervision, and other hours for supervisor to include in their evaluation. Complete self-evaluation and evaluation of supervision via Tk20, and review with site supervisor. All materials (*self-evaluation, evaluation of supervisor & supervisor’s evaluation of extern performance*) must be submitted to Tk20 by 4 pm Thursday of finals week. ***If materials are turned in later, you may receive an ‘Incomplete’ for the class until materials are submitted.***

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

* Provide a minimum of 1 hour of face-to-face in person or remote (and HIPAA compliant) supervision of the extern’s activities and experiences for every 5 hours of direct client contact by the extern.
* Provide an end-of-term evaluation of the extern’s performance that is based in part on at least one instance of direct observation of extern, such as live observation (including co-therapy), digital/electronic recording review, and/or videotape/audiotape review. The evaluation will be solicited by email each term. Complete the electronic evaluation form, discuss and electronically sign the evaluation with their supervisee, and submit the evaluation to the Tk20 portal. Questions or requests for assistance related to Tk20 should be submitted to: [tk20@uoregon.edu](mailto:tk20@uoregon.edu)
* Contact the Counseling Psychology Program Director ([cpsy@uoregon.edu](mailto:cpsy@uoregon.edu)) should any ethical or professional concerns arise involving the extern.

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***Student/Extern 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 (Signature indicates approval of all details) Date***

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***Counseling Psychology Program Director Date***