

Appendix C

# University of North Texas Clinical Psychology Program External Practicum Supervision Notification Form

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*UNT CLINICAL PSYCHOLOGY PRACTICUM STUDENT TO FILL OUT THIS SECTION*

**Note:** This form must be completed and returned to the UNT Clinical Psychology Director of Training upon initiation of an external practicum and upon any change in the supervision at the site (either a change in the supervisor or in the amount of supervision to be received).

Practicum Student Name: \_\_\_\_\_

Practicum Site: \_\_\_\_\_

Duration of Practicum: From    /    /20    to    /    /20

Practicum Hours Per Week: \_\_\_\_\_

Supervision Hours Per Week: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Mailing Address of Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Telephone: (    )    -    \_\_\_\_\_

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*ON-SITE SUPERVISOR (MUST BE A PSYCHOLOGIST) TO FILL OUT THIS SECTION*

**Note:** THIS IS NOT A CONTRACT. Signature below signifies only your current statement of supervisory status with the practicum student and identifies you to the UNT Clinical Program and your agreement to provide feedback to the student and the program director at regular intervals. It is the student's responsibility to notify the UNT Clinical Program of any change in supervisory status.

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Texas License #: \_\_\_\_\_

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Return the original\* of this form to:

Randall J. Cox, Ph.D.  
Interim Director of Clinical Training  
Department of Psychology  
1155 Union Circle #311280  
University of North Texas  
Denton, Texas 76203

\*Copies of this form may be kept by the student and/or the supervisor for their records.