



Master of Science in Clinical Psychology Department
Practicum Placement Verification Form

Date: _____

STUDENT NAME _____ is a trainee at Notre Dame de Namur University's Master of Science in Clinical Psychology Department.

This is to certify that the student's field placement site:

_____ meets the Master of Science in Clinical Psychology MSCP; MFT; or MFT/LPCC program requirements & Board of Behavioral Sciences requirements of:

- 250 semester hours of clinical contact, supervision and training.
- A current, validly licensed and insured supervisor with MFT, LCSW, MSW, Psych license or Psychiatrist will be supervising the student and signing his/her log of hours, as designated by the Board of Behavioral Sciences and in the Master of Science in Clinical Psychology Clinical Case Practicum/Seminar and Supervised Field Experience Manual.
- Please evaluate the trainee at the end of the semester. Please review it with the student before returning it to the University. If you have any questions concerning the trainee, the University, or the Clinical Psychology Department, please call (650) 508-3557.

Site Supervisor: _____ Print Name _____

Site Supervisor Printed Name: _____

Trainee Signature _____