MEDICAL / CLINICAL PSYCHOLOGY
GRADUATE PROGRAM

Policies, Guidelines, and Procedures

The University of Alabama at Birmingham

August 30, 2017
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Program Mission and Goals

Clinical Psychology is a specialty area of psychology that seeks to understand and ameliorate psychological and behavioral disorders. Medical Psychology is a specialty area that addresses the relationship between behavior and health. Combining these fields, the mission of the Medical / Clinical Psychology Graduate Program is to train students, using the scientist-practitioner model, to become leaders in disease prevention, risk reduction, symptom amelioration, and health promotion. To achieve this mission we specifically aim to train students who are:

1. thoroughly grounded in the science of psychology and its application to health and disease;
2. prepared to engage in high-quality practice of psychology at the entry level in collaborative and interdisciplinary professional health care contexts; and
3. prepared to conduct meaningful and high-quality research that contributes to understanding of significant psychological or medical disorders, their assessment, amelioration, or management.

Our program supports the overall mission of UAB by supporting the discovery and application of knowledge in the overlapping areas of clinical and medical psychology for the benefit of all people.

This Handbook

This document serves as a resource for students and faculty in the Medical / Clinical Psychology Graduate Program. We aim to keep this document current and consistent with changing policies in our own program as well as our Department of Psychology, College of Arts and Sciences, and Graduate School. Please forward comments, corrections and suggestions for improvement to the Program Director.

Policies described in this Handbook are subject to change. Major changes are typically announced in e-mail and/or program meetings, but students are also encouraged to review the handbook from time to time, and are expected to review sections that apply to issues that are current for them. The Revision History in the appendix identifies substantive changes and indicates when they were made.

Most forms mentioned in this handbook, as well as a current copy of the handbook itself, are available on the program’s private (Canvas) website or the Graduate School website (http://www.uab.edu/graduate/). Students receive access to the program’s private site when they join the program. Note that web links (URLs) are provided as a convenience but they are managed outside the Program and are subject to change without notice. Please report “dead” links to the Program Director.

I. Program Sponsorship, Administrative Structure and Accreditation

The Medical / Clinical Psychology Program is one of three Psychology graduate programs at UAB. As a Boulder-model scientist-practitioner training program, it represents the collaborative efforts of faculty with primary appointments in the Department of Psychology and the School of Medicine, along with psychologists in the Birmingham VA Medical Center and Children’s of Alabama hospital, and in independent practice in the Birmingham community. Responsibility for program oversight is shared between the Department of Psychology and the Psychology Training Consortium (PTC), the latter being the organization of clinical psychologists in the UAB School of Medicine and associated facilities who direct the UAB/Birmingham VA Medical Center Clinical Psychology Internship Program.

The program operates within the academic policies of the Department of Psychology, the UAB Graduate School, and the College of Arts and Sciences. Policies specific to the Medical / Clinical Psychology Graduate Program are established by the Medical Psychology Coordinating Committee (MPCC). The MPCC has
primary responsibility for the program, and is made up of the Program Director, faculty representatives of the Department of Psychology and the Psychology Training Consortium, and two student representatives. Student representatives are full MPCC members with voting rights on all general program issues, but are excluded from discussions and votes pertaining to specific students and/or program personnel.

The MPCC meets as a full committee on approximately a monthly schedule at least 10 times per year. Further information on the administrative structure of the program is available from the Program Director, the Chair of the Department of Psychology or the Chair of the Psychology Training Consortium.

The program office is housed in Department of Psychology space in Campbell Hall. The program is supported by the Psychology Graduate Programs Manager, who also provides support for the Department of Psychology’s other doctoral programs.

Since 1985 the Medical/Clinical Psychology Program has been accredited to provide training in Clinical Psychology by the Commission on Accreditation of the American Psychological Association. The Commission may be reached at 750 First Street NE, Washington DC, 20002-4242; 202-336-5979.

II. Mentoring and Advising

Program faculty members are distributed widely across research and clinical settings within UAB, the UAB Health System, and affiliated health care facilities such as the VA Medical Center and Children’s of Alabama Hospital. Faculty from all major training facilities and academic departments that contribute to the program work together to mentor and advise students in research and clinical domains.

Program faculty informally advise students on matters pertaining to their training through a number of roles, as instructors, clinical and research supervisors, thesis and dissertation committee members, and on an ad hoc basis as issues arise. Students are encouraged to take advantage of the broad experience and expertise represented by program faculty at all stages of their progress through the program. Orientation meetings held during the first program year are intended to help students become acquainted with the research and clinical expertise of program faculty.

Roles of specific faculty and faculty committees are described below. In addition, many past students of the program find it useful to maintain informal advisory relationships with faculty as they negotiate early stages of their post-doctoral careers.

II.A. The Research Mentor

Each student has a research mentor who directs the student’s primary research activities, chairs his or her thesis and dissertation committees, and commits to helping the student advance toward readiness for post-doctoral training or entry-level employment as a researcher in the area of clinical / medical psychology.

Because of the unique focus and character of our program, care is taken at admissions to ensure that incoming students are an excellent fit both to the program as a whole and to the interests of individual faculty. As part of the application process, students are encouraged to identify principal areas of interest as well as a faculty mentor with whom they are interested in working on research. Once they arrive on campus, students are encouraged to finalize these arrangements so they can become involved in research at the earliest possible time.
II.B. The Graduate Advisory Committee (GAC)

Each student has an individually-tailored Graduate Advisory Committee that is responsible for advising on academic matters, clinical training and professional development. Each student’s GAC consists of the research mentor and at least two additional faculty members. The GAC must include at least three doctoral-level psychologists with faculty appointments at UAB. As a group, each GAC should have sufficient familiarity with important program characteristics such to adequately advise students as they progress through the program. Each GAC should also have a thorough understanding of the knowledge, skills and experience required for the student to achieve his or her career goals.

Each GAC has a chair, who may or may not be the research mentor. The principle responsibilities of the chair are to act on behalf of the committee in approving clinical practicum agreements/training plans throughout the year, to lead the committee in completion of its tasks in relation to the annual review of student progress, and to represent the committee to the Medical Psychology Coordinating Committee. The GAC chair also consults with other GAC members as necessary to fulfill these responsibilities effectively.

Students are encouraged to keep their GACs informed of their progress in the program, their accomplishments, and any problems that arise. The GAC seeks to play a pro-active consulting and advocacy role, which it can only fulfill when there is ongoing communication with the student. GAC meetings may be called at any time by the student, the GAC chair, the research mentor or the Program Director.

Students play a major role in selecting their own GACs, but they must ultimately be approved and appointed by the Program Director. Also, GAC membership can change, for example based on changes in the student’s areas of interest and career goals. A change to the research mentor automatically results in a change to the GAC as every student’s research mentor is an ex officio member of his or her GAC. Other changes being considered should be discussed first with the Program Director.

II.C. The Program Director

The Program Director serves as an additional advisor to students. He or she meets individually with new graduate students upon their arrival at UAB, and thereafter as needed to assess progress and deal with difficulties as necessary. The Program Director reviews grades and clinical evaluations of all students at the end of each semester, and discusses any difficulties that arise with students and their GACs. The Program Director also approves all clinical practicum agreements/training plans. The Program Director is available for students to discuss concerns and/or celebrate their accomplishments at any time.

The Program Director serves as the initial advisor for each incoming student. He or she meets with each student at least once during his or her first month in residence and thereafter as necessary to assess the student’s goals, interests, and background, assess progress, and provide general advising as needed. New graduate students consult with the Program Director during their first term in residence to assist them in finalizing their research mentor selection and ensure that they begin their research training. As the year progresses, the director and student work together to select faculty to invite to serve on the student’s Graduate Advisory Committee (GAC). The Program Director arranges for orientation meetings so that first-year students can become familiar with research and clinical faculty who can serve in these roles.
II.D. Program-Wide Meetings

Program-wide meetings are an additional venue for advising, discussion of administrative and general program matters, and learning about topics of relevance to the science, practice and profession of clinical psychology. Currently these meetings are scheduled from 5:30 – 7:00 on the fourth Tuesday of most months with the typical exceptions of November, December, and May. Dates are subject to change as necessary with notice provided as early as possible. All students are expected to arrange their schedules to attend these meetings.

III. Curriculum

III.A. Required Courses

Course requirements for the Ph.D. in Psychology (Medical / Clinical Concentration) are shown in Table 1. These requirements are designed to ensure that the program meets both its training goals and the expectations of its accrediting body. Consult Appendix E for information on how the curriculum maps onto the program’s goals and associated objectives, knowledge domains and competencies.

The curriculum is reviewed on an ongoing basis. It is subject to change based on evolving accreditation standards, licensing requirements, internship requirements, quality improvement efforts and pragmatic considerations such as instructor availability. Students are not guaranteed that course requirements in place when they enter the program will be the only requirements they will need to satisfy in order to graduate. When changes are made the MPCC considers their applicability to students who are already in the program and an effort is made to avoid changes that would delay progress toward graduation.

III.B. Required Schedule of Courses and Practica

In order for students’ educational experiences to build sequentially, certain courses and clinical practica must be taken in a particular term. Table 2 shows these requirements. Deviations from this sequence are extremely rare and require input from the GAC and the approval of the MPCC.

III.C. Other Courses and Class Scheduling

There is flexibility in the sequence with respect to most other required courses. A student might take such courses as early as the first year if they are especially relevant to the students’ research, are prerequisites for other relevant coursework, or there is time in the student’s schedule because required coursework has been waived based on prior completion of equivalent courses. Students are encouraged to complete all required coursework by the Fall term of Year 4.

Electives allow students to acquire specialized knowledge that complements their other coursework, research and clinical activities. Students are encouraged to seek advice from their research mentors, GAC’s, and thesis committees regarding electives they should take to strengthen knowledge and skills that are relevant to their training goals. The annual review process described later in this document is a good context for these discussions.

The Department of Psychology and the Medical/Clinical Psychology program establish the class schedule with the goal of ensuring that students can complete requirements and elective courses in a rational sequence that provides a foundation for research and clinical skills and does not delay graduation. Advance planning is critical. Table 3 describes the typical schedule of graduate-level courses offered by the Department of Psychology, beyond those listed in Table 2. Consult the Program Director for the most up-to-date information on course scheduling.
Table 1. Curriculum Requirements for the Medical / Clinical Doctoral Program

<table>
<thead>
<tr>
<th>Curriculum Area</th>
<th>Course</th>
<th>Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Basic Content Areas of Scientific Psychology (9 hours)</td>
<td>PY 704*</td>
<td>Social Psychology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PY 707*</td>
<td>Brain and Cognition**</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PY 708*</td>
<td>Developmental Psychology</td>
<td>3</td>
</tr>
<tr>
<td>2. Research Design and Quantitative Methods (15 hours)</td>
<td>PY 716</td>
<td>Introduction to Statistics</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PY 716L</td>
<td>Lab for Introduction to Statistics</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>PY 717*</td>
<td>Applied Statistical Methods</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PY 717L</td>
<td>Lab for Applied Statistical Methods</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>PY 718</td>
<td>Research Design</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PY 719</td>
<td>Multivariate Statistical Methods</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PY 719L</td>
<td>Lab for Multivariate Statistical Methods</td>
<td>1</td>
</tr>
<tr>
<td>3. Foundations of Clinical and Medical Psychology (14 hours)</td>
<td>PY 740*</td>
<td>Adult Personality and Psychopathology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PY 764</td>
<td>Cognitive Assessment: Child and Adult***</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PY 765*</td>
<td>Psychological Assessment: Personality</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PY 770*</td>
<td>Survey of Psychotherapeutic Methods</td>
<td>3</td>
</tr>
<tr>
<td>Either PY 720 or PY 731:</td>
<td>PY 720</td>
<td>Human Neuropsychology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PY 731</td>
<td>Health Psychology</td>
<td></td>
</tr>
<tr>
<td>4. Practice of Clinical Psychology (6 hours)</td>
<td>PY 760*</td>
<td>Interviewing and Behavioral Observation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PY 769</td>
<td>Cognitive Behavior Therapy</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PY 779</td>
<td>Foundations of Clinical Supervision and Consultation</td>
<td>1</td>
</tr>
<tr>
<td>5. Ethics of Research and Clinical Practice (4 hours)</td>
<td>PY 701</td>
<td>Professional Issues and Ethics in Psychology</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>GRD 717</td>
<td>Principles of Scientific Integrity</td>
<td>3</td>
</tr>
<tr>
<td>6. Clinical Practica and Internship (34 hours)</td>
<td>PY 777</td>
<td>Psychotherapy Practice Shadowing</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>PY 797</td>
<td>Clinical Practicum in Medical Psychology</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>PY 790</td>
<td>Internship in Clinical Psychology (9 hrs in each of 3 terms)</td>
<td>27</td>
</tr>
<tr>
<td>7. Research (18 hours)</td>
<td>PY 699</td>
<td>Master’s Level Thesis Research</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>PY 799</td>
<td>Doctoral Dissertation Research</td>
<td>12</td>
</tr>
</tbody>
</table>

* These courses are intended to satisfy accreditation requirements in History and Systems of Psychology and/or Affective Bases of Behavior. Grades on assessments in these specific domains are reported to the program office.
** This course is intended to satisfy accreditation requirements in Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas, and specifically in Biological and Cognitive Aspects of Behavior. Students who entered the program prior to 2017 may substitute PY 753 Foundations of Behavioral Neuroscience or PY 793 Cognitive Neuroscience for this requirement.
*** Also provides basic graduate-level instruction in Psychometrics.
### Table 2. Required Medical / Clinical Psychology Courses and Practica by Term

<table>
<thead>
<tr>
<th>Term</th>
<th>Course</th>
<th>Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall of Year 1</td>
<td>PY 716</td>
<td>Introduction to Statistics</td>
<td>3</td>
</tr>
<tr>
<td>Fall of Year 1</td>
<td>PY 716L</td>
<td>Lab for Introduction to Statistics</td>
<td>1</td>
</tr>
<tr>
<td>Fall of Year 1</td>
<td>PY 740</td>
<td>Adult Personality and Psychopathology</td>
<td>3</td>
</tr>
<tr>
<td>Fall of Year 1</td>
<td>PY 764</td>
<td>Cognitive Assessment: Child and Adult</td>
<td>3</td>
</tr>
<tr>
<td>Spring of Year 1</td>
<td>PY 717*</td>
<td>Applied Statistical Methods</td>
<td>3</td>
</tr>
<tr>
<td>Spring of Year 1</td>
<td>PY 717L</td>
<td>Lab for Applied Statistical Methods</td>
<td>1</td>
</tr>
<tr>
<td>Spring of Year 1</td>
<td>PY 718</td>
<td>Research Design*</td>
<td>3</td>
</tr>
<tr>
<td>Spring of Year 1</td>
<td>PY 770</td>
<td>Survey of Psychotherapeutic Methods</td>
<td>3</td>
</tr>
<tr>
<td>Summer of Year 1</td>
<td>PY 701</td>
<td>Professional Issues and Ethics in Psychology</td>
<td>1</td>
</tr>
<tr>
<td>Summer of Year 1</td>
<td>PY 760</td>
<td>Interviewing and Behavioral Observation</td>
<td>2</td>
</tr>
<tr>
<td>Summer of Year 1</td>
<td>PY 765</td>
<td>Psychological Assessment: Personality</td>
<td>2</td>
</tr>
<tr>
<td>Summer of Year 1</td>
<td>PY 777</td>
<td>Psychotherapy Practice Shadowing</td>
<td>1</td>
</tr>
<tr>
<td>Fall of Year 2</td>
<td>PY 719</td>
<td>Multivariate Statistical Methods</td>
<td>3</td>
</tr>
<tr>
<td>Fall of Year 2</td>
<td>PY 719L</td>
<td>Lab for Multivariate Statistical Methods</td>
<td>1</td>
</tr>
<tr>
<td>Fall of Year 2</td>
<td>PY 769</td>
<td>Cognitive Behavior Therapy</td>
<td>3</td>
</tr>
<tr>
<td>Spring of Year 2</td>
<td>PY 797</td>
<td>Part 1 of the introductory psychotherapy practicum</td>
<td>≥1</td>
</tr>
<tr>
<td>Summer of Year 2</td>
<td>PY 797</td>
<td>Part 1 of the introductory psychotherapy practicum</td>
<td>≥1</td>
</tr>
<tr>
<td>Spring of Year 3</td>
<td>PY 779</td>
<td>Foundations of Clinical Supervision and Consultation</td>
<td>1</td>
</tr>
</tbody>
</table>

*As of this date the timing of PY 718 Research Design is under review.

### Table 3. Other Psychology Graduate Courses and Scheduling Plan

<table>
<thead>
<tr>
<th>Term</th>
<th>Schedule</th>
<th>Course Numbers and Titles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>Every Fall</td>
<td>PY 708 Developmental Psychology</td>
</tr>
<tr>
<td>Fall</td>
<td></td>
<td>PY 753 Foundations of Behavioral Neuroscience</td>
</tr>
<tr>
<td>Fall</td>
<td></td>
<td>PY 785 Psychology of Aging</td>
</tr>
<tr>
<td>Odd-Numbered Years</td>
<td>PY 712</td>
<td>Seminar in Social Development</td>
</tr>
<tr>
<td>Even-Numbered Years</td>
<td>PY 704</td>
<td>Social Psychology</td>
</tr>
<tr>
<td></td>
<td>PY 741</td>
<td>Child and Adolescent Psychopathology and Treatment</td>
</tr>
<tr>
<td>Spring</td>
<td>Every Spring</td>
<td>PY 707 Brain and Cognition</td>
</tr>
<tr>
<td>Spring</td>
<td></td>
<td>PY 783 Developmental Disabilities</td>
</tr>
<tr>
<td>Spring</td>
<td></td>
<td>PY 787 The Dynamics of Pain</td>
</tr>
<tr>
<td>Spring</td>
<td></td>
<td>PY 793 Cognitive Neuroscience</td>
</tr>
<tr>
<td>Spring</td>
<td></td>
<td>PY 791 Biofeedback/Meditation/Self-Regulation</td>
</tr>
<tr>
<td>Odd-Numbered Years</td>
<td>PY 720</td>
<td>Human Neuropsychology</td>
</tr>
<tr>
<td>Odd-Numbered Years</td>
<td>PY 729</td>
<td>Adolescent Development Seminar</td>
</tr>
<tr>
<td>Even-Numbered Years</td>
<td>PY 721</td>
<td>Neuropsychological Assessment</td>
</tr>
<tr>
<td>Even-Numbered Years</td>
<td>PY 731</td>
<td>Health Psychology</td>
</tr>
</tbody>
</table>
III.D. Research and Clinical Practicum Enrollment

Research activities begin in the first semester of enrollment, and students are continuously involved in research until the doctoral dissertation is completed and accepted for publication or presentation at a scientific meeting. Clinical activities begin later but continue through the internship year. The program documents student engagement and performance in clinical and research activities through enrollment in dedicated courses and regular evaluations. Details regarding enrollment in research and clinical practicum credits appear below:

Research. Students must register for at least 1 credit hour of research during each academic term, beginning with the Spring semester of Year 1 and continuing until the student departs for internship. Course numbers depend on the student’s progress with respect to master’s and dissertation benchmarks:

<table>
<thead>
<tr>
<th>Research “Course”</th>
<th>When to Enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>PY 698 Premaster’s Degree Graduate Research</td>
<td>Before admission to candidacy for the M.A.</td>
</tr>
<tr>
<td>PY 699 Master’s Level Thesis Research</td>
<td>After admission to candidacy for the M.A., and until the degree is awarded. 6 hours are required for the degree.</td>
</tr>
<tr>
<td>PY 798 Predoctoral Degree Graduate Research</td>
<td>After the M.A. is awarded and before admission to candidacy for the Ph.D.</td>
</tr>
<tr>
<td>PY 799 Doctoral Dissertation Research</td>
<td>After admission to candidacy for the Ph.D., and until the degree is awarded. 12 hours are required for the degree.</td>
</tr>
</tbody>
</table>

Students admitted with a master’s degree should begin with PY 798. There are multiple sections of these courses but students in the Medical/Clinical Doctoral Program should always register for section 00B, the section that is associated with the Program Director. The other sections are reserved for students in the other Psychology doctoral programs.

Additional hours of research may be taken in any term to meet minimum enrollment requirements, which are currently 9 semester hours in the Fall and Spring and 5 hours in the Summer. Depending on the source of the student’s funding, higher minima may apply.

The research mentor serves as the supervisor for these research credits. Students and mentors are expected to keep in close contact, set reasonable timelines and goals, and work together to ensure steady progress. Progress benchmarks, described later in this document, provide an additional framework for gauging progress.

A Research Evaluation Form must be completed by the research mentor, signed by the student, and submitted at the end of each term beginning with Spring of Year 1. Students do not receive a passing grade in their research “course” until the required evaluation is submitted. Students engaged in research with additional faculty should discuss this activity with their GACs (including their research mentors), and may submit evaluations from these additional supervisors to be placed on file and shared with the student’s GAC during the annual review, described later in this document.
Clinical Practica. Students register for PY 777 Psychotherapy Practice – Shadowing during the summer of Year 1. All other practica are covered by enrollment in PY 797 Clinical Practicum in Medical/Clinical Psychology. Aside from the introductory psychotherapy practicum listed in Table 2, there is no fixed sequence for specific practicum experiences except that they are generally deferred until Fall of Year 2. Supervisors and GACs are charged with ensuring that each practicum builds appropriately on the student's prior coursework and clinical training.

This schedule may be accelerated or waived based on review of prior clinical training records for students entering the program with a master's in clinical psychology (see section on Respecialization and Credit for Prior Academic Accomplishments, below).

For numerous reasons, documentation requirements are greater for clinical activities than for research. The section below on Documentation Requirements for Clinical Practica describes these requirements in detail. Students do not receive a passing grade in PY 777 or PY 797 until all required clinical practicum documentation is completed.

III.E. Graduate School Electives

The UAB Graduate School offers elective courses that focus on skills and tasks that are relevant to students across a variety of disciplines, such as teaching and grant-writing. Check the Graduate School website and class schedule for more information. These courses are in addition to GRD 717 Principles of Scientific Integrity, which is required.

III.F. Master's of Science in Public Health

It is possible to enroll in the Master of Science in Public Health degree program in UAB's School of Public Health concurrent with pursuit of the Ph.D. in Medical / Clinical Psychology. Such dual enrollment requires approval of both programs and typically adds one year of academic study. The coordinated MSPH/Ph.D. (Psychology) program provides opportunities for students to gain a broader perspective on health by studying, for example, epidemiology, community-based prevention, maternal and child health, health administration, and outcomes research.

Medical/Clinical Psychology students who are interested in pursuing the MSPH in parallel with the Ph.D. should consult with the graduate programs office for the School of Public Health regarding details of the required curriculum and the Medical / Clinical Psychology courses that would count toward the MSPH requirements. Further information may be available online by searching for "UAB HCPY [year]; e.g., "UAB HCPY 2017."

Interested students should also discuss the MSPH option with their GACs and the Medical/Clinical Psychology Program Director prior to beginning study in the MPH program. Students should recognize that tuition and fees associated with coursework in this program are not automatically covered by their tuition guarantees in Medical/Clinical Psychology. Tuition scholarships in the School of Public Health may help to defray some of these costs. Students should exercise caution and stay in close communication with the Program Manager to avoid incurring unexpected expenses.

III.G. Other Specialized Training and Preparation for Lifelong Learning

Students are occasionally required to complete additional training modules outside of regularly scheduled classes. In addition, students are expected to attend at least one thesis or dissertation proposal meeting or defense each year. Such attendance demonstrates support for fellow students and provides an opportunity
to learn about studies of substantive interest as well as research- and degree-related processes more generally.

As a research-intensive university and academic health center, UAB and its associated health care facilities offer many opportunities for learning outside of regularly-scheduled classes. Students are encouraged to develop habits of lifelong learning while in graduate school by attending and participating in colloquia, case conferences, journal clubs, workshops, and intensive courses as such opportunities arise.

Finally, to keep abreast of developments in their field, students are strongly encouraged to join and actively participate in those local, national and international professional and scientific organizations that are most relevant to their interests.

IV. Clinical Training Requirements and Expectations

IV.A. Foundational Experiences

Clinical training in the Medical / Clinical Psychology Graduate Program involves a sequence of coursework and practicum experiences that are intended to develop knowledge and competency required for the clinical internship and, ultimately, for the practice of clinical psychology at the entry level in a variety of settings. Training begins with required courses in Year 1 (See Table 2). Structured hands-on preparation for clinical practica begins with PY 760 Interviewing and Behavioral Observation and PY 777 Psychotherapy Shadowing in the Summer of Year 1 (see Table 1) and clinical practica that begin in Year 2.

IV.B. Assessment and Intervention Training Sequences

Theoretical and practical foundations for assessment are established in courses that students complete in Year 1. PY 760 (Interviewing and Behavioral Observation), PY 764 (Psychological Assessment: Cognitive Child and Adult), and PY 765 (Psychological Assessment: Personality) provide training in multiple aspects of clinical assessment, as well as initial experience with patients/clients. Students may begin to enroll in PY 797 Clinical Practicum for closely-supervised experience in cognitive, personality, and psychopathology assessment beginning in the Fall semester of Year 2.

Intervention practicum training is structured to provide all students with an introductory intervention practicum sequence that builds on the assessment sequence and is supplemented by advanced practica that encourage students to acquire greater skills in particular areas of interest. Intervention practicum begins in the Summer semester of Year 1 with PY 777 (Psychotherapy Practice - Shadowing), which provides an initial clinical placement for students to gain exposure to core elements of clinical intervention and practice, but in which they are not individually responsible for implementing those elements.1

1 Students are very occasionally permitted to engage in supervised assessment and intervention activities prior to the points in the program at which these are prescribed. For example, as early as the first semester of Year 1 students may provide highly-structured assessments and interventions as part of their involvement in clinical research. Students who enter the program with a master’s degree in clinical psychology and associated clinical practicum experiences may seek to waive PY 777 Clinical Shadowing and be ready to undertake clinical practica at UAB (PY 797) in their first year. Other exceptions may be approved by the Program Director if the student has completed the relevant graduate-level assessment and/or intervention coursework and is making recommended progress on research. Approval in such cases also requires discussion between the Program Director and the supervisor to ensure that the supervisor is cognizant of the student’s level of training and preparation and that the activity will be maintained within boundaries that are consistent with that background. All such exceptions are documented in the student’s file and discussed with the faculty members of the MPCC.
During Year 2, students complete their introductory psychotherapy practicum in the Spring and Summer terms. Students acquire initial experience with general psychopathology and provide ongoing intervention for individuals who present with psychological distress (e.g., depressive, anxiety, and personality disorders and related diagnostic categories).

Students begin to enroll in PY 797 for advanced intervention experience beginning in the Fall of Year 3. The purposes of advanced practica are to broaden the students’ clinical experience and to provide greater depth of experience in their areas of specialization. Students obtain more specialized intervention experience (e.g. with specific population groups or in specific settings) or further experience with ongoing intervention for general psychological complaints in a setting other than that in which they completed the initial psychotherapy practicum requirements. Advanced training experiences assume a solid foundation in basic clinical skills.

It is recognized that at each level intervention training needs to be integrated with foundational knowledge and training in assessment and research. The goal of this integration is to ensure that students learn to evaluate the intervention procedures they are using, both against relevant empirical findings and with respect to their efficacy in meeting treatment goals for particular clients.

Students acquire knowledge about supervision and interprofessional consultation PY 779 Foundations of Clinical Supervision and Consultation, typically completed in Year 3. Following this course advanced students may serve as supervisors for those whose knowledge and skills are less developed in the clinical domains in which the supervision is taking places. Student acquire experience in interprofessional consultation on an ongoing basis in the range of interdisciplinary settings in which they train.

A complete list of training goals, objectives and domains of knowledge and competency that the program aims to instill, including those related to clinical practice, is available in Appendix E and posted on the program’s public website.

**IV.C. Distribution and Diversity Requirements**

Students are required to gain breadth of assessment and intervention experience. Clinical practicum experiences should be distributed across inpatient, outpatient, mental health / substance abuse and medical care environments. Intervention experience in a medical patient care environment is not required. However, because the logistics of patient management, the context of treatment, and the clinical perspective of health care providers can vary dramatically between medical and mental health / substance abuse care environments, experience in both types of settings is strongly recommended. Each student should have at least one structured training experience with patients who are presenting for the management of a medical condition for which psychological intervention is a significant component of comprehensive treatment.

Students are also expected, over the course of their practicum training, to acquire experience providing clinical services to patient populations that are diverse on a number of dimensions, including age, race/ethnicity, sexual orientation, gender identity, and presence of physical disability. Students and their GACs track the diversity of clinical experiences as the student progresses through the program. Clinical supervisors augment these experiences with relevant readings, review of group-specific norms and epidemiological data, and discussion of diversity issues in supervision.
**IV.D. Clinical Supervision Standards**

Each clinical practicum has one program-approved primary supervisor who is responsible for the quality of the student’s practicum training and experience, as well as for the clinical care of patients/clients who receive services from the student. In the multi-professional / inter-professional settings in which many of our practica occur, students may receive feedback from other professionals, trainees and technicians. However, the oversight and gate-keeping roles of the primary supervisor are not altered by the involvement of these other individuals. Moreover, only the primary supervisor can sign clinical practicum agreements and evaluations, and verify hours.

Approved primary clinical supervisors are generally licensed psychologists who are vetted through their membership in the Psychology Training Consortium. Exceptions for other licensed mental health professionals are approved through the Medical/Clinical Psychology Coordinating Committee. Students should contact the Program Director if they are interested in completing a practicum with a supervisor who is not on the list of approved supervisors that is implemented through PractiTrack, the program’s practicum activity tracking software.

Supervision may be provided on an individual or group basis, or a combination of the two. For the introductory intervention practica, students must receive at least 20 minutes of face-to-face supervision per hour of direct patient contact. For other practica, at least 15 minutes of face-to-face supervision must be provided per hour of patient contact. These minimum supervision ratios are unlikely to be adequate for all patients and students, and development of both general and specialized clinical competencies at a level that is expected on internship will require that most students receive more intense supervision in some settings. The MPCC has established the goal that all students will have received at least 20 minutes of supervision per hour of patient contact across all practicum experiences by the time they apply for internship.

When group supervision is provided, the amount of time spent in review of individual cases should vary as a function of patient and student characteristics. A brief review should be presented by the student after each clinical contact in order to maintain a minimum level of supervision, and a thorough review of each case should be undertaken after every 4-5 clinical contacts.

Regardless of the supervision format, an individual supervision meeting should occur at the beginning of the practicum, before any direct clinical services are undertaken, to facilitate clear communication regarding training goals, diversity- and distribution-related opportunities at the training site, and supervision format and schedule. The Clinical Practicum Agreement and Training Plan Form should be reviewed and completed at this meeting.

At the end of each term an individual meeting should also occur so that the supervisor can provide feedback on progress achieved and strengths and weaknesses observed. The Clinical Practicum Evaluation Form provides a framework for this discussion.

All clinical practica must involve direct observation of the student’s clinical performance by the primary supervisor at least once during each term, prior to completing the evaluation. Such observation must enable the supervisor to both hear and see the student as he or she provides intervention and/or assessment services to actual patients/clients (e.g., through a 1-way mirror, real-time audio/video monitoring, review of audio/video recordings, or presence during assessments or therapy). Plans for required observation of the student by the supervisor should be discussed early in the practicum. Some settings may require the student to record him- or herself during a session, and in such cases handling of these recordings requires special care to ensure compliance with both HIPAA and site requirements.
IV.E. Documentation Requirements for Clinical Practica

For multiple reasons, clinical practicum experiences must be documented carefully. First, the program needs to track student participation in patient care for risk management purposes. Secondly, students ultimately request that the Program Director verify the hours that they report on their internship applications, and documentation is required as a basis for that verification. Third, for internship application purposes clinical practica must be approved by the Program Director and must include a meaningful evaluative component. Finally, licensing boards are increasingly requiring specific documentation of clinical training experiences. To address these issues, each clinical practicum experience must be preceded by submission of a signed agreement/training plan, documented with logged hours and activities that are verified by the primary supervisor, and evaluated in writing by the supervisor at the end of each academic term (i.e., approximately every 4 months for ongoing practicum experiences). The PractiTrack software generates the required forms for agreements, verifications and evaluations.

Therefore, in order for students to be able to count clinical practicum hours on the internship application, the following must be true:

1. A formal agreement, signed by the student, supervisor, and GAC chair, must be submitted to the Program Director. Students may not accrue clinical practicum hours toward the internship application unless and until a corresponding agreement has been submitted.
   a. For PY 777 Psychotherapy Practice – Shadowing, the student must submit a Shadowing Agreement, which applies to a single term. Shadowing arrangements should be discussed with the GAC chair (or full GAC) and Program Director prior to mid-May of the first year, and the Shadowing Agreement should be signed and filed with the Director by June 1st. By mutual agreement with the supervisors and program director, students may split their shadowing experience across two settings if necessary to obtain exposure to both intervention and assessment. In such cases two agreements should be submitted.
   b. For PY 797, which covers all other practicum experiences prior to the internship, the student must submit a Clinical Practicum Agreement and Training Plan. These forms are generated with PractiTrack. Agreements must be submitted before clinical services begin, regardless of the timing of such services relative to the academic calendar. Agreements expire after one year (or sooner by mutual agreement of the student and supervisor) after which a new agreement must be submitted for the practicum to continue. Students should alert the Program Director if an experience will be terminated substantially before the ending date that was specified on the submitted form.
   c. Clinical practicum agreements/training plans are also required for students on assistantships or traineeships that include provision of clinical services and accrual of hours toward the internship application. Students must be enrolled in PY797, as well.

2. Students must track clinical hours and other clinical activities (tests administered, reports written) and have those activities verified by their primary supervisors. Tracking software (PractiTrack) is provided for this purpose. All students use the same software to ensure that consistent information on practicum experiences is available to students and their GACs, and that data can be combined across students for program-level monitoring, planning, and quality improvement purposes. Students are encouraged to update their hours no less frequently than once/week and to submit updated records to the program office at least once/month. Hours are verified by each supervisor at the end of each term.²

² Logging of clinical hours during PY 777 (shadowing) is at the discretion of the supervisor. If the supervisor believes that the student is ready to provide direct services in the shadowing context, then all documentation requirements of other practica
3. At the end of each academic term (fall, spring, summer) a Practicum Verification and Evaluation form must be completed by every supervisor for each student that he or she has supervised during the term. The only exception is that for PY777 an open-ended Shadowing Evaluation is submitted. PractiTrack generates the verification / evaluation form, which includes instructions for how it should be completed and processed.

At the end of each term practicum grades are submitted once all practicum verifications / evaluations are received and activity logs are uploaded. Students are encouraged to:

1. Request a file validation (Tools menu) in PractiTrack, which will show all unverified activities.

2. Generate the verification and evaluation form (Forms menu) for the current term from any supervisor with whom you have unverified hours over the past term. Evaluation questions will only be asked if there are sufficient activities to be evaluated.

IV.F. The Clinical Internship

A one-year clinical internship in a medical setting other than UAB is required. The internship must be accredited by the Commission on Accreditation of the American Psychological Association or the comparable accrediting division of the Canadian Psychology Association. A waiver of these requirements may occasionally be allowed, but only with prior approval of the MPCC. In considering such waivers, the student and MPCC should consider the fact that state licensing boards may require an accredited internship, or in the absence of a firm requirement may investigate and evaluate all details of an applicant’s credentials much more closely when his or her internship was not accredited at the time that it was completed.

V. Degree Requirements and Associated Procedures

V.A. General Considerations

Although UAB does not offer a master's program in Psychology, all Medical / Clinical Psychology students complete a master's thesis and are awarded the M.A. as part of their progress through the doctoral program. Formal steps for completion of the master's and doctoral degrees, and are summarized below. Of course a substantially higher level of performance and degree of independence is expected for the doctoral degree.

Students are responsible for reviewing and following the steps described below and in the Graduate School Handbook. Students should also be aware of and meet Graduate School deadlines for submission of required forms and completion of associated steps (http://www.uab.edu/graduate/deadline-dates), and allow time for processing of forms in the Psychology Graduate Programs Office. Most forms are available from https://www.uab.edu/graduate/online-forms. Consult with the Graduate Programs Manager and Program Director if questions arise. All forms submitted to the Graduate School by Psychology graduate students must be submitted through the Psychology Graduate Programs Office.

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apply: that is, a Clinical Practicum Agreement and Training Plan should be submitted, hours should be logged and verified, and a Clinical Practicum Evaluation form should be submitted at the end of the term. In such circumstances this evaluation takes the place of the shadowing evaluation.
V.B. Steps for Completion of the Master's and Doctoral Degrees

The steps given below are roughly sequential, but in most cases it is efficient to complete Steps 2-4 (appointment of the committee, preparation of the written proposal, and IRB/IACUC compliance) in parallel. The first two of these items are required before the proposal can be defended and all three are required for admission to candidacy for the degree. Students are discouraged from beginning their research (other than pilot/feasibility investigations) without full committee approval, and research ethics compliance is required for the thesis, dissertation, and all other research projects before data collection or analysis of pre-existing datasets begins.

1. **Selection of the Research Mentor.** In consultation with the Program Director each student identifies a research mentor who will chair the thesis and/or dissertation committee. While continuity in mentorship across one’s course of graduate study has advantages, a change in mentor between the thesis and dissertation may be a better choice in some cases based on changes in the student’s research focus, or it may be necessitated based on changes in faculty availability. At both stages the research mentor / committee chair should be a doctoral-level psychologist who is an active and productive researcher with Regular Graduate Faculty status (see Graduate School website) and available time to supervise the student’s research. The Program Director approves committee chairs according to these criteria. Exceptions must be approved by the faculty members of the MPCC.

2. **Appointment of Committee Members.** The student and research mentor confer to develop a general research plan (including study population, hypotheses, and methods including analytic strategy) and identify additional faculty members to complete the committee. All committee members must hold Graduate Faculty Status [http://www.uab.edu/graduate/gradfaclist](http://www.uab.edu/graduate/gradfaclist) and the majority of the committee must hold doctoral-level degrees in Psychology. As a group the committee should provide expertise that complements that of the chair to help ensure a high-quality project. **Master’s Committees** include at least three members; at least one member must hold a primary appointment in the Department of Psychology and at least one should have a primary affiliation outside Psychology or with another graduate program within Psychology. **Dissertation Committees** include at least five members; at least two members must hold primary appointments in Psychology and at least two must have primary affiliations outside Psychology or with another graduate program within Psychology.

   When a tentative committee roster has been identified a brief summary of the research plan and the proposed committee membership is forwarded by e-mail to the Program Director, who approves the roster or suggests changes. After the research mentor and Program Director agree on the committee roster the student solicits the participation of the members. Invited faculty who decline to serve are replaced based on further consultation with the research mentor and Program Director. Once committee membership is settled, the student prepares a Graduate Study Committee Letter and submits it to the Psychology Graduate Programs Manager. The form is signed by the Program Director and forwarded to the Graduate School, where the Dean issues final approval or requests changes.

   Requests for Graduate Faculty status may accompany the Graduate Study Committee Letter if not all proposed committee members already hold this status. In such cases the student or mentor provide the Program Director with brief written description of the unique expertise that the individual would contribute to committee deliberations. Students should work with the Graduate Programs Manager to gather other information required to support such requests.

3. **Preparation of the Written Proposal.** Under the research mentor’s supervision, the student prepares a written proposal that includes a statement of the specific aims, questions, and/or hypotheses to be addressed, a review of the relevant background literature, and a description of the methods to be used
to conduct the study and analyze the data. This proposal should be prepared in APA style or, with the committee’s permission, in the format of a grant application.

Regardless of format, the written proposal must include a timeline for completion of each major phase of the project and address the feasibility of the project in terms of recruitment of participants, availability of resources, and any other issues relevant to timely completion of the project.

4. **Documentation of IRB/IACUC Compliance.** The student and his or her mentor should secure appropriate research ethics approval. Compliance with this requirement must be documented for the Graduate School before the student can be admitted to candidacy for the degree. The *Graduate Student Handbook* contains a “Tip Sheet for Students Involved in Research Involving Human or Animal Subjects,” which indicates how compliance should be documented. An additional source of information is the instructions that accompany the Admission to Candidacy and Research Compliance Verification forms. In general, *compliance should be documented by an official IRB approval form or approved amendment on which the student’s name appears*, as described below:

a) **If the project is sponsored externally in the student’s name, or if no prior protocol covering the planned research has been submitted,** then the student should submit a protocol specifically for the project. Scientific review at the department level is required; consult the Department of Psychology website for the appropriate forms. The student should be listed as Co-PI with the research mentor.

b) **If there is already IRB approval in place for a broader project that includes, or can reasonably be amended to include, the thesis or dissertation research, then the student may be added to the project as an Investigator or Co-PI.** A Project Revision/Amendment Form or annual Investigator’s Progress Report (IPR) can be used for this purpose. If the IPR is used, check with the IRB to determine what steps need to be followed to ensure that the student’s name appears on the approval form.

c) **If the student is listed as a research assistant on an original protocol then the student is in compliance with IRB requirements but there is no documentation of approval that includes the student’s name.** In such cases an amendment can change the student’s role to Investigator or Co-PI and the approved amendment will suffice. *Students are encouraged to submit IRB paperwork at the earliest possible time to ensure that admission to candidacy and the project itself are not held up while awaiting IRB approval.*** New protocols in particular should be submitted as soon as general procedures are determined. An amendment that makes minor changes based on committee feedback will typically be approved much more quickly than an original protocol. Also, *students must maintain compliance with IRB requirements throughout the conduct of their research* by timely submission of Investigator’s Progress Reports and amendments if study procedures change or the sample size is increased. Students who are not PIs on their own projects should work with PIs to ensure that these requirements are met.

5. **Defense of the Proposal.** After the committee is appointed and the proposal is completed to the satisfaction of the research mentor the student may schedule a meeting to defend his or her proposal to the additional members of the committee. At least two weeks in advance of this meeting the Program Director and Program Manager must be informed of its date, time, and location, as well as the working title. Prior to the meeting the student applies to the Graduate School for admission to candidacy for the degree and verifies IRB/IACUC compliance following successful completion of the proposal meeting. The master’s candidacy forms require only the signature of the research mentor (a.k.a. Faculty Advisor) but entire committee must sign the doctoral candidacy form so it should be completed ahead of time and taken along to the meeting.

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It is not sufficient to submit an approval letter for the project that does not include your name plus a copy of materials that you or the PI submitted to the IRB. Rather, the document with your name on it must originate from or be signed or stamped as approved by the IRB.
Proposal meetings are open to all interested parties although broad advertisement is not required. The student presents the background and research plan and the committee poses questions. In addition to questions focused on the proposal, the committee should additionally ask more comprehensive questions to assess whether the student’s knowledge of his or her field of study is appropriate for the degree that the student is seeking. At the end of the proposal meeting the committee meets in closed session to determine whether the proposed research and the associated document are ready for approval, and whether the student should undertake any further study or seek other training or consultation prior to completion of the degree. When the committee is satisfied with the proposal as well as the student’s level of preparation or plans to address any areas of deficiency, the student is admitted to candidacy, meaning that he or she is approved to begin the thesis or dissertation research.

To avoid later misunderstanding, students are strongly encouraged to summarize in writing any decisions made at the proposal meeting regarding changes to the proposed research plan, and to submit that documentation to the committee as soon as possible following the proposal meeting.

With the permission of the committee, the student has the option of completing the thesis or dissertation in the form of reprints and/or preprints. Guidelines for this format as well as the conventional format are provided in the UAB Format Manual for Theses and Dissertations. A student who is interested in the Preprint/Reprint option should discuss that plan with his or her research mentor before the proposal defense meeting, and the closed portion of the proposal meeting is a good time to discuss it with the committee as a whole. The program specifies no greater requirements for this option beyond those described in the Format Manual.

6. Admission to Candidacy and Registration for Research Hours. As soon as possible after the proposal is successfully defended the student works with the Graduate Programs Manager to submit the Admission to Candidacy and Research Compliance Verification forms to the Graduate School. The student is then eligible to register for master’s or dissertation research hours (PY 699 or PY 799, respectively). Six hours of PY699 are required for the master’s and 12 hours of PY 799 are required for the doctorate. Master’s candidates confer with the Program Director regarding scheduling of these hours alongside required and elective courses. Doctoral candidates typically complete the 12-hour enrollment requirement during the fall and spring semesters prior to departure for internship. Advanced students may enroll for additional hours of PY 799 during the summer in which they depart for internship, even if the dissertation has already been defended.

7. Completion of the Research. The student completes the thesis or dissertation research and the corresponding document under the supervision of the research mentor. The student and mentor consult with other committee members as necessary at any stage in this process. The committee must be consulted to approve any substantial changes to methods, including sample size. Such consultation may be by individual meetings with members or e-mail, with the option for any member or the student to request an interim committee meeting to discuss proposed changes. Students are strongly encouraged to summarize in writing any decisions made regarding changes to the approved research plan and to submit that documentation to the committee as an amendment to the proposal.

8. Planning for the Final Defense and Submission of the Application for Degree. As the student nears completion of the thesis or dissertation, he or she should check the relevant Graduate School deadlines. Degrees are awarded on a specified date at the end of each term, and each graduation date has associated deadlines for submission of the Application for Degree (AFD), for the date of the final defense, and for submission of the final document to the Graduate School. Note that the AFD commits the student, research mentor and committee to meet the deadlines associated with the specified degree date, and failing to meet those deadlines requires the student to submit a new AFD and pay the associated fee a second time.
In completing the **master's degree**, the student should discuss the timeline for completion of the thesis with the research mentor and select the graduation month based on their anticipated ability to meet the corresponding Graduate School deadlines. Committee members should be consulted regarding their availability around the projected thesis defense date and the amount of lead time they each require to review the completed document. The defense should be scheduled for a date and time when all members can attend in person unless a committee member is permanently located far from Birmingham and unable to attend. In addition, students should avoid scheduling thesis defenses immediately prior to the Graduate School deadline, or immediately prior to periods of extended unavailability of the student or committee members, in case extensive changes are required at the defense and the research mentor or full committee needs to be available to review those changes.

Most considerations for completion of the **doctorate** are the same as for the thesis, but an important difference is that the degree will not be awarded until the student completes his or her pre-doctoral internship. Nevertheless, the AFD must be submitted to the Graduate School before the dissertation defense can be scheduled. Therefore students should submit their AFDs at least 3-4 weeks ahead of their dissertation defenses, or before leaving for internship, whichever comes first. Students typically graduate with the doctorate in August following the end of the internship, and so in most cases this is the month and year that should be indicated on the AFD. However, if the internship will end after the summer graduation date then the student should indicate the subsequent December as the graduation month.

Once the degree month and year are determined the AFD is submitted to the Graduate School. The student completes the form, obtains the research mentor's signature, and forwards it to the Graduate Programs Manager, who obtains the Program Director's signature and submits the form to the Graduate School. For the master's degree, the Graduate Programs Manager also completes a Master’s Degree Course Checklist, which is submitted with the AFD.

9. **Final Preparations for the Defense.** When the thesis or dissertation is approved by the research mentor, the defense date, time and venue are finalized. Thesis and dissertation defenses are open to the public so the student must provide this information, along with the final thesis title, to the Psychology Graduate Programs office **at least three weeks prior to the date of the defense** so it can be adequately publicized. To facilitate attendance, all defenses are held in Room 327 of Campbell Hall or another meeting room in Campbell Hall or the Medical Center that is approved by Program Director.

At **least two weeks prior to the defense** the student must request approval forms from the Graduate School. The Graduate School will notify the student when the forms are ready for pick-up, and the student should take the forms to the defense so that all signatures can be obtained.

The research mentor and other committee members should be provided with a copy of the completed thesis or dissertation at least two weeks ahead of the defense unless a shorter lead time has been negotiated.

10. **The Defense and the Final Document.** The **Graduate Student Handbook** and the **UAB Format Manual for Theses and Dissertations** contain extensive information on the required format of the thesis and dissertation, as well as the format for the defense meeting and procedures for committee review, approval, and dissent from approval. In general, theses and dissertations should be in APA style with exceptions described in the **Format Manual**.

At the defense, the student presents the background, methods, results and conclusions, after which all in attendance are given adequate time to ask questions. The “public” is then dismissed and the
committee asks any final questions. The committee may also follow up on issues regarding the student’s general level of preparation and knowledge that were raised at the proposal meeting.

Finally, the student is dismissed and the committee meets in closed session to decide whether the document is acceptable and the student should be recommended for the degree. Committee approval indicates that members have examined the document and found “that it is of professional quality from all standpoints, including writing quality, technical correctness, and professional competency, and that the document conforms to acceptable standards of scholarly presentation (Graduate School Handbook).” If deficiencies are identified, the committee decides on specific further steps that the student must complete before the document can be accepted and the student can be recommended for the degree.

At least one member of the committee withholds his or her signature from the approval documents until all issues have been addressed to the full committee’s satisfaction.

11. Final Submissions. Once the thesis or dissertation has been successfully defended and all required changes have been made, the student submits an electronic copy of the final accepted version of the document in PDF form to the entire committee and the Program Director. Paper copies should be provided to the chair and committee members on request. The final approved and accepted document is submitted electronically to the Graduate School, following instructions on the Graduate School website. The Recommendation for Degree form is prepared by the Graduate Programs Manager, signed by the research mentor and the Program Director, and submitted to the Graduate School.

VI. Progress through the Program

The Program seeks to ensure that all students learn and work in environments that allow them to make steady progress toward completion of program requirements and preparation for internship, graduation and entry-level employment or a post-doctoral fellowship. Progress benchmarks and policies are established to provide students and faculty with consistent guidance regarding program expectations. Graduate Student Committees, research mentors, and the Program Director serve as resources to help students maintain steady progress on an ongoing basis. Along with the MPCC these committees and individuals also evaluate student progress and performance, and implement related program policies.

VI.A. Progress Benchmarks

The Program designates student progress using the following categories:

- **Recommended or Outstanding Progress** is consistent with application for internship in Year 5, optimal preparation to apply for post-docs and/or post-internship employment during the internship year, and graduation at the end of Year 6.

- **Good Progress** is also consistent with application for internship in Year 5 and graduation at the end of Year 6, but suboptimal as preparation for applying for post-docs and other employment during the internship year.

- **Adequate Progress** refers to the rate of progress that is consistent with application for internship in Year 6 and graduation at the end of Year 7.

- **Inadequate Progress** represents a failure to meet benchmarks for Adequate Progress. There are concerns about whether all program requirements will be completed in time for graduation by the end of Year 7, as required by the Graduate School. Program probation may be an outcome and program...
Tables 5a and 5b articulate benchmarks for Recommended / Outstanding, Good, and Adequate progress for students entering the program after completion of a bachelor’s or master’s degree, respectively. Students entering with a master’s degree are expected to complete the program at a pace that is accelerated by about one year.

In general these benchmarks and progress designations are intended as self-monitoring, advising, and program evaluation tools. Faculty as well as students play a role in ensuring that students make steady progress. Evaluations of student progress, such as those conducted annually by the GAC and MPCC and described elsewhere in this handbook, should consider the totality of each student’s activities and circumstances. Speed of progress through the thesis and dissertation is not the most important issue in a student's training and a student may make slower progress than the benchmarks suggest for good reasons that ultimately enrich the quality of his or her training. However, when formal progress designations are adjusted relative to the published benchmarks, specific reasons should be noted.

How to use the tables:

1. Choose Table 4a or 4b depending on whether your master’s thesis requirement was waived.

2. Scan down the table rows until you find the current term or a relevant date.

3. Scan across the cells in the row until you find a cell that lists tasks you have completed (or will complete by the end of the selected term or the selected date) along with all tasks in cells above it in the same column. The heading of that column is your progress designation.

<p>| Table 4a. Progress Benchmarks for Students Entering the Program with a Bachelor's Degree |
|-----------------------------------------|---------------------------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th><strong>Year: Term/Date</strong></th>
<th><strong>Recommended Progress</strong></th>
<th><strong>Good Progress</strong></th>
<th><strong>Adequate Progress</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1: Fall</strong></td>
<td>Master’s Mentor and topic identified</td>
<td>Master’s Mentor identified</td>
<td>Master’s 1-2 possible mentors identified</td>
</tr>
<tr>
<td><strong>1: Spring</strong></td>
<td>Committee appointed; IRB materials submitted</td>
<td>Topic identified</td>
<td>Mentor identified</td>
</tr>
<tr>
<td><strong>1: Summer</strong></td>
<td>Proposal approved; IRB compliance documented; admitted to candidacy</td>
<td>Committee appointed; IRB materials submitted</td>
<td>Topic identified</td>
</tr>
<tr>
<td><strong>2: Fall</strong></td>
<td>Data collection started</td>
<td>Proposal approved; IRB compliance documented; admitted to candidacy</td>
<td>Committee appointed; IRB materials submitted</td>
</tr>
<tr>
<td><strong>2: Spring</strong></td>
<td>Data collection completed</td>
<td>Data collection started</td>
<td>Proposal approved; IRB compliance documented; admitted to candidacy;</td>
</tr>
<tr>
<td><strong>2: Summer</strong></td>
<td>Thesis defended</td>
<td></td>
<td>Data collection started</td>
</tr>
<tr>
<td><strong>3: Fall</strong></td>
<td>Submitted for publication or presentation</td>
<td>Data collection completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>3: Spring</strong></td>
<td><strong>Dissertation</strong>&lt;br&gt;Mentor and topic identified</td>
<td>Thesis defended</td>
</tr>
<tr>
<td>---</td>
<td>----------------</td>
<td>-------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>3: Summer</td>
<td>Committee appointed; IRB materials submitted</td>
<td>Submitted for publication or presentation</td>
<td>Data collection completed</td>
</tr>
<tr>
<td>4: Fall</td>
<td>Proposal approved; IRB compliance documented; admitted to candidacy</td>
<td><strong>Dissertation</strong>&lt;br&gt;Mentor and topic identified</td>
<td>Thesis defended</td>
</tr>
<tr>
<td>4: Spring</td>
<td>Data collection started; <em>Required courses completed</em></td>
<td>Committee appointed; IRB materials submitted; <em>Required courses completed</em></td>
<td>Submitted for publication or presentation</td>
</tr>
<tr>
<td>4: May 15&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Proposal approved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: June 15&lt;sup&gt;th&lt;/sup&gt;</td>
<td>IRB compliance documented; admitted to candidacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Summer</td>
<td><em>At least one 1&lt;sup&gt;st&lt;/sup&gt;- or 2&lt;sup&gt;nd&lt;/sup&gt;-author paper submitted</em>; data collection completed</td>
<td>Data collection started; <em>At least one 1&lt;sup&gt;st&lt;/sup&gt;- or 2&lt;sup&gt;nd&lt;/sup&gt;-author paper submitted</em></td>
<td><strong>Dissertation</strong>&lt;br&gt;Mentor identified</td>
</tr>
<tr>
<td>5: Fall</td>
<td>Dissertation defended; Internship applications submitted</td>
<td>Data collection completed; Internship applications submitted</td>
<td>Topic identified; <em>Required courses completed</em></td>
</tr>
<tr>
<td>5: Spring</td>
<td>Submitted for publication or presentation; Internship secured</td>
<td>Dissertation defended; Internship secured</td>
<td>Committee appointed; IRB materials submitted;</td>
</tr>
<tr>
<td>5: May 15&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Proposal approved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: June 15&lt;sup&gt;th&lt;/sup&gt;</td>
<td>IRB compliance documented; admitted to candidacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: Summer</td>
<td>Internship</td>
<td>Submitted for publication or presentation; Internship</td>
<td>Data collection started; at least one 1&lt;sup&gt;st&lt;/sup&gt;- or 2&lt;sup&gt;nd&lt;/sup&gt;-author paper submitted for publication</td>
</tr>
<tr>
<td>6: Fall</td>
<td>Internship</td>
<td>Internship</td>
<td>Internship applications</td>
</tr>
<tr>
<td>6: Spring</td>
<td>Internship</td>
<td>Internship</td>
<td>Data collection completed; Internship secured</td>
</tr>
<tr>
<td>6: Summer</td>
<td>Internship completed; <em>Ph.D. awarded</em></td>
<td>Internship completed; <em>Ph.D. awarded</em></td>
<td>Internship begins</td>
</tr>
<tr>
<td>7: Fall/Spring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Summer</td>
<td>Internship completed; <em>Ph.D. awarded</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year: Term/Date</td>
<td>Tasks Completed by This Term for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recommended Progress</td>
<td>Good Progress</td>
<td>Adequate Progress</td>
</tr>
<tr>
<td>1: Fall</td>
<td><strong>Dissertation</strong> 1-2 possible mentors identified</td>
<td><strong>Dissertation</strong> 1-2 possible mentors identified</td>
<td><strong>Dissertation</strong> 1-2 possible mentors identified</td>
</tr>
<tr>
<td>1: Spring</td>
<td>Mentor identified</td>
<td>Mentor identified</td>
<td></td>
</tr>
<tr>
<td>1: Summer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Fall</td>
<td></td>
<td></td>
<td>Mentor identified</td>
</tr>
<tr>
<td>2: Spring</td>
<td>Topic identified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Summer</td>
<td>Committee appointed; IRB materials submitted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Fall</td>
<td>Proposal approved; IRB compliance documented; admitted to candidacy;</td>
<td>Topic identified; Committee appointed</td>
<td></td>
</tr>
<tr>
<td>3: Spring</td>
<td>data collection started; <em>required courses completed</em></td>
<td>IRB materials submitted; <em>required courses completed</em></td>
<td>Topic identified</td>
</tr>
<tr>
<td>3: May 15th</td>
<td>Proposal approved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: June 15th</td>
<td>IRB compliance documented; admitted to candidacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Summer</td>
<td>Data collection completed</td>
<td>Data collection started; <em>at least one 1st- or 2nd-author paper submitted</em></td>
<td>Committee appointed</td>
</tr>
<tr>
<td>4: Fall</td>
<td>Dissertation defended; <em>internship applications submitted</em></td>
<td>Data collection completed; <em>Internship applications submitted</em></td>
<td></td>
</tr>
<tr>
<td>4: Spring</td>
<td>Submitted for publication or presentation; <em>Internship secured</em></td>
<td>Dissertation defended; <em>Internship secured</em></td>
<td>IRB materials submitted; <em>required courses completed</em></td>
</tr>
<tr>
<td>4: May 15th</td>
<td>Proposal approved</td>
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<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>4: Summer</td>
<td><em>Internship</em></td>
<td>Submitted for publication or presentation; <em>Internship</em></td>
<td>Data collection started; <em>at least one 1st- or 2nd-author paper submitted</em></td>
</tr>
<tr>
<td>5: Fall</td>
<td><em>Internship</em></td>
<td><em>Internship</em></td>
<td><em>Internship applications submitted</em></td>
</tr>
<tr>
<td>5: Spring</td>
<td><em>Internship</em></td>
<td><em>Internship</em></td>
<td>Data collection completed; <em>Internship secured</em></td>
</tr>
<tr>
<td>5: Summer</td>
<td>*Internship completed; <em>Ph.D. awarded</em></td>
<td>*Internship completed; <em>Ph.D. awarded</em></td>
<td><em>Internship</em></td>
</tr>
<tr>
<td>6: Fall/Spring</td>
<td></td>
<td></td>
<td>Dissertation defended; submitted for publication or presentation; <em>Internship</em></td>
</tr>
<tr>
<td>6: Summer</td>
<td></td>
<td></td>
<td>*Internship completed; <em>Ph.D. awarded</em></td>
</tr>
</tbody>
</table>
VI.B. Internship Readiness

Each student’s GAC reviews all of his or her clinical practicum evaluations and considers the breadth of clinical experience as part of the annual review process each year beginning in Year 2. As the student progresses toward and beyond completion of master’s degree requirements it becomes increasingly important for the committee to specify areas in which further clinical training is required, and to assist the student in identifying opportunities for receiving such training prior to internship.

In May of the year in which the student plans to apply for internship, the GAC provides the student and the MPCC with its judgement of the students’ readiness and indicates any particular areas in need of further development prior to or during the internship year. The summary of clinical experiences provided in the vitae and the Annual Report / Individual Development Plan, the student’s accumulated clinical contact and supervision hours as well as testing and report-writing experience, as well as recent clinical competency ratings, all contribute to the GACs evaluation of the student’s progress toward internship readiness. The MPCC, with ready access to accrued hours and clinical competency ratings as well as the recommendations of the GAC, provides the student with its preliminary feedback on his her her internship application plan. The program has not set quantitative thresholds for competency ratings or accrued experience, but rather makes its judgement based on the totality of each student’s clinical training record as it relates to his or her internship training and career plans. Competencies are also examined with regard to the domains required by accreditation and the program’s goals and objectives (see Table of Goals, Objectives, Knowledge and Competencies in Appendix E.)

In recent years all students who were released to begin the internship application process had been rated as “internship-ready” by more than one supervisor on at least 90% of rated clinical competencies and it was reasonable to anticipate internship readiness on all competencies prior to the beginning of the internship. In addition, all such students were on track to accrue at least 750 patient contact hours and 250 supervision hours prior to internship application deadlines.

**Deadlines.** Research training to a level of competency required for graduation and preparation of a quality dissertation depend on face-to-face interaction with the research mentor, and so the program aims for each student to complete and defend his or her dissertation before leaving for internship. Deadlines are established to help students and faculty meet this goal. A student planning to apply for internship must defend his or her dissertation proposal by May 15th of the application year and must be admitted to candidacy for the doctoral degree by June 15th of the same year. Between August 1st and 10th the student must submit to the Program Director a memorandum requesting permission to apply to internships. This memorandum, which is signed by both the student and the dissertation chair, must include an up-to-date and specific report on dissertation progress and a projected timeline for completion and defense. Students should ensure that all clinical and research evaluations and activity logs are up-to-date and submitted to the program office by August 10th.

Final approval for the student to apply for internship is issued by the MPCC at its regular August meeting. Such approval implies confident prediction that the student will be internship-ready or nearly so on all clinical competency domains and will defend his or her dissertation before leaving for internship, or at most only minor data analysis and writing will be required during the internship year. Questions about these conclusions may result of deferral of a decision to September of October, or the student may need to wait another year to apply for internship.

Finally, publication of research results is a core competency for students in a Ph.D. program that focuses on research and scholarship, and the UAB Medical/Clinical Psychology doctoral program aims for all students to publish papers while in graduate school. To help meet this program-level goal, each student must submit for publication at least one first- or second-authored manuscript based on UAB work before applying for internships.
VI.C. Grades

Courses Graded on the A-F Scale. At the graduate level, grades of A and B indicate that the individual has passed the course, while lower grades indicate a substantial failure to demonstrate acquisition of course content. D’s are not assigned in graduate courses at UAB.

Please note the following program policies regarding grades of C or F:

1. A student who receives an F in any course must re-take the course.

2. A student who receives a C in a required course may be required to re-take the course. This decision is made by the MPCC after consultation with the GAC and course instructor.

Students may be dismissed from the program for poor academic performance. Situations that can lead to such dismissals are:

1. The student receives a third grade of C or F in required courses.

2. The student receives a fourth grade of C or F in any courses, regardless of whether the courses are required or elective.

Whenever a student receives a final grade of C in a required course the Program Director contacts the course instructor and the student’s GAC to discuss opportunities for remediation. The student is offered a remediation plan followed by one opportunity to retake the course. A student may only have two such remediation opportunities thus preserving the three-C rule. If a student receives a C in a required course that is part of a sequence (e.g., statistics and research design, assessment, or intervention), the student may not be allowed to proceed in the sequence until the remediation attempt is completed. Such actions are decided on a case-by-case basis involving consultation among the Program Director, GAC, MPCC and relevant course instructors.

Courses Graded as Pass or Non-pass. Students receive grades of Pass (P) or Non-pass (NP) in the following experiential learning “courses”:

- PY 777 Psychotherapy Practice – Shadowing
- PY 790 Clinical Internship
- PY 797 Clinical Practicum
- PY 698, 699, 798 and 799: Pre-Master’s, Master’s Thesis, Pre-Doctoral, and Doctoral Research

Incompletes. A grade of Incomplete (I) is assigned when there is a good reason why the work for a course could not be completed by the end of the term (e.g., illness). In such cases the student and instructor work out a schedule for prompt completion of coursework once the reason for the Incomplete has resolved. I’s are automatically converted to F’s if they are not explicitly changed to another grade by the end of the subsequent term.

VI.D. Good Academic Standing and Dismissal from the Graduate School

UAB grades are represented numerically on a 4-point scale (A=4, B=3, etc.). The Graduate School defines good academic standing as a grade point average of at least a 3.0 based on courses graded on an A-F basis, and more Passes than Non-Passes in courses graded on a P/NP basis.
A graduate student whose grade point average and/or performance on P/NP courses do not meet the Graduate School's criteria for good academic standing is placed on academic probation (also known as conditional dismissal) by the Graduate School. The student then has two terms to rectify the situation to avoid dismissal from his or her graduate program and the Graduate School.

VI.E. Program Probation and Dismissal

Although academic standing, probation and dismissal is determined by the Graduate School, additional criteria for satisfactory and unsatisfactory performance are established by program faculty. In the case of the Medical / Clinical Psychology Graduate Program, program faculty are represented by the MPCC.

Students in the Medical / Clinical Psychology Graduate Program may be placed on probation for reasons related to academic performance, research competency, clinical competency, professional conduct, interpersonal conduct, or failure to make adequate progress as outlined in Table 4. When a student is placed on probation, a letter from Program Director (on behalf of the MPCC) is sent to the student and the Graduate School. The same procedures are followed for removing the student from probation.

A student who is placed on probation must be informed as to the reasons and must be given a deadline by which time the situation, grade, condition, or behavior is to be remedied. If the deadline is not met, the decision to extend the deadline or dismiss the student from the program is at the discretion of the MPCC.

Students may also be dismissed from the program for unethical conduct or behavior to the extent to which their further participation in the program is judged to be detrimental to themselves, others, the integrity of the Medical / Clinical Psychology Program or the profession of psychology. In such cases students may be dismissed from the program without being first placed on probation.

VI.F. Leave of Absence and Reinstatement

Requests for leave of absence will be considered on a case-by-case basis. A leave of absence must be for serious and substantial reasons that cannot readily be addressed during a period of full-time enrollment. Requests must be submitted to the Program Director and require approval of the MPCC and the Graduate School. The length of the leave of absence must be specified. A student considering such a request is encouraged to discuss their options with their GAC in advance.

A request for reinstatement must be submitted to the Program Director in writing, and requires consultation with the GAC and approval of the MPCC and the Graduate School dean.

VI.G. Residency Expectations and Requirements

Program requirements, including the dissertation and pre-doctoral internship, are typically completed within 6 years of initial enrollment. Students who enter the program having already completed a master’s degree in Psychology and/or relevant coursework may waive some requirements as described below under Respecialization and Credit for Prior Academic Accomplishments, and as a result may complete the program in less time. However, the nature of graduate study in clinical psychology, including supervised research and clinical practice, requires close contact over an extended period of time between each student and multiple program faculty. Therefore, we expect that with few exceptions students will be enrolled in our program full-time for at least five years, including the predoctoral internship year, and all students must be physically present on campus and enrolled full-time for a minimum of two years prior to one year of additional full-time enrollment while on internship.
VII. The Annual Review Process

VII.A. Annual Review by the Graduate Advisory Committee (GAC)

Although meetings with the GAC may be scheduled at any time, each student must schedule a meeting with his or her full GAC near the end of each Spring semester and prior to the May annual review by the MPCC that is described below. The purpose of this meeting is to review the student’s progress over the past year, discuss the student’s career and training goals, and provide feedback on the student’s progress and plans.

To prepare for this meeting, the student provides the committee with the following materials:

1. A completed Annual Report and Individual Development Plan (AR/IDP) that includes career goals, a self-assessment of required knowledge and skills, and plans and goals for the upcoming year, including coursework, research, and clinical training. This document and the associated process subsume the individual development plan that is required by the Graduate School and the federal government for students who are supported by federal research grants.
2. An updated checksheet of course requirements.
3. An updated vitae (template available on Canvas).
4. for students in their 2nd year or later: A summary of clinical hours accrued, patients seen, tests administered, and interpretive reports written. The PractiTrack “AAPI Preview” is used for this purpose. All clinical activity logging should be up-to-date before generating this report.
5. Copies of research and clinical evaluations from the current or recently-completed Spring semester as provided by the mentor or supervisor (i.e., these need not include any student comments).

The program office provides GAC members with a tabulation of clinical competency ratings received thus far in the program as well as copies of all research evaluations and clinical supervisor comments from the prior calendar year.

At the meeting the student and GAC discuss the student’s goals, progress and plans, as well as any areas of concern. The committee and student attempt to reach consensus on recommended changes to the students’ plans that will facilitate achievement of his or her goals. The committee chair prepares the Graduate Advisory Committee Annual Report on Student Progress. After discussions with the student are complete, he or she is excused and the committee meets on its own to rate the student's overall progress as well as specific progress in research, clinical training, and coursework over the past year. Where relevant, the committee also discusses and records its judgement regarding the student's internship application plans. All committee members sign the form.

After this meeting, but before the MPCC annual review meeting described below, the GAC chair meets with the student and provides the student with a copy of the summary form, including the written feedback on progress and plans as well as the ratings. The student signs the form to acknowledge receipt and may respond to the feedback in writing as well. After any changes to the AR/IDP have been made the student and GAC chair sign the form and submit it to the program office. The student also forwards a copy of the final plan to all other GAC members, and both the student and the GAC refer to it throughout the year to help the student achieve his or her goals.

The meeting with the GAC is also an optimal time for the student to obtain signatures on Clinical Practicum Agreements and Training Plans, as well as requests to engage in extra paid employment, as all such plans should be evaluated in light of the student’s AR/IDP.
VII.B. Annual Review by the Medical/Clinical Psychology Coordinating Committee

Following the end of each spring term the faculty members of the MPCC meets for a day-long session that is structured around scheduled reports from GAC chairs regarding the progress of individual students. Additional goals of this meeting are to assess the status of the program as a whole and identify issues that may require programmatic change. GAC chairs are responsible for preparing and presenting a brief report of their students' goals, training plans and accomplishments, as well as any areas of concern that may require remediation. The Program Director provides the MPCC with information on relevant metrics such as GPAs, publications, presentations and clinical hours and reports completed by all students for the MPCC’s reference and consideration at this meeting as well.

The MPCC asks questions and provides feedback to each GAC chair during the meeting, and may make additional recommendations or set additional requirements for individual students based on this review. Such feedback is provided in constructive and specific terms so that students understand the steps they need to take to address areas of difficulty. Where the feedback from the MPCC substantially modifies or elaborates the feedback already provided to the student by the GAC, the student receives this amended feedback in written form. When appropriate, the GAC Chair and Program Director meet with the student to convey this feedback.

Another possible outcome of the MPCC review is a decision that the student’s progress should be reviewed again by the GAC and MPCC prior to the next annual review. Reasons for such mid-year reviews can vary; they need not reflect a specific concern about the student’s progress or performance but may instead reflect a desire of the MPCC to ensure that a potential problem has been resolved. The timing of such mid-year reviews is set on a case-by-case basis, balancing the need to monitor situations carefully while allowing reasonable and sufficient time for any problems to be addressed. Any requirement for a mid-year review is conveyed to the student in writing. Students are encouraged to discuss concerns that led to such requirements with their GAC Chairs, research mentors and/or the Program Director.

Finally, GAC chairs are encouraged to bring to the annual review meeting any concerns about program issues or characteristics that may be negatively affecting a student’s progress or performance.

VIII. Student Funding

VIII.A. Funding for Admitted Students

In the first four terms of graduate school, each student is funded by a fellowship that includes a stipend plus payment of all tuition and fees. Eligible students may also be nominated for other fellowships (e.g., minority and diversity fellowships) that provide at least the same level of support. Graduate fellowships do not have a specific work requirement but the student is expected to be engaged full-time their graduate studies, including research activities with their research mentor.

VIII.B. Funding via Research, Clinical, and Teaching Assistantships

After the first four terms most students are supported on graduate assistantships, which fund students for activities that contribute to the research, clinical and/or teaching missions of the University. Graduate assistantships also serve a training function. Clinical assistantships typically include a 20 hour/week commitment which usually begins the first day of the Fall semester in one year and ends the day before the start of the Fall semester in the subsequent year. Research assistantships with the student’s research mentor do not typically follow a strict guideline related to hours of commitment per week, as the student is generally contributing to the mentor’s research program and the mentor is in turn supervising and
collaborating with the student on his or her thesis, dissertation and/or related research. Concerns about these issues should be discussed with the GAC chair and/or the Program Director.

During the Spring of each year, students explore opportunities for assistantship that will begin during the following Fall. Students are encouraged to meet with supervisors at any available assistantship sites that are of interest to them, and to discuss all relevant aspects of the assistantship including tasks to be performed, training goals, weekly schedule, holiday and leave arrangements, supervision, and evaluation. The program’s Memorandum of Agreement for Assistantships provides a reasonable basis for success discussion as it covers most of these issues. For example, it is the student’s responsibility to inform the assistantship supervisor of their projected class schedule for the following year, and students should not pursue an assistantship if there are serious conflicts between the class schedule and the assistantship site’s requirements. The assistantship supervisor should also clarify their policy with regard to holiday leave for students. All assistantship sites are expected to provide at least two weeks (40 hours) of paid vacation and set reasonable rules with respect to notice and approval of such vacation. Students are also responsible for informing a perspective assistantship supervisor of their plans to apply for internship. An additional week (20 hours) of leave should be provided to such students to attend on-site internship interviews, and students needing extra time should be given an opportunity to make it up at the assistantship site.

If a student accepts an offer of an assistantship then the student and the supervisor should notify the Medical / Clinical Psychology office of the decision as soon as possible and complete and submit the program’s Memorandum of Agreement for Assistantships. (Students who accept teaching assistantships may have a slightly different form, which is provided by the Department of Psychology’s Undergraduate Studies Coordinator.

Students may accrue clinical practicum hours toward internship applications in assistantship settings, provided that all policies established for clinical practica are followed.

**VIII.C. Institutional Training Grants**

These grants are funded to provided training to students in particular areas of institutional strength, such as cognitive neuroscience, neurodevelopmental disabilities and health care. Students who are funded through such training grants generally complete a training program that consists of some combination of research, clinical experience, and didactics which may include prescribed courses, seminars and/or lectures. Most such requirements will overlap with activities in which the student would participate even if they did not receive this funding, but some additional required training experiences should be expected because such experiences provide part of the justification for grant funding. Applications for funding through such training grants can occur at any time during the year. Students typically apply to the principal investigator or his or her delegate and the application process is often competitive.

**VIII.D. Individual Federal and Foundation Grants**

The program strongly encourages students to seek extramural funding for their graduate training. The UAB Graduate School offers incentives for students who seek external grant funds, and greater incentives for those who are successful in obtaining such funds.

Most institutes of the NIH award individual National Research Service Awards (NRSAs; also known as individual pre-doctoral fellowships), which generally fund students at a level higher than the minimum assistantship level and provide additional support for tuition, travel, research costs, and/or other expenses associated with graduate training. Since most students are expected to complete internships and post-doctoral fellowships, and ultimately seek employment, in settings where successful grantsmanship is valued or even necessary, early experience with the NIH funding system provides useful and relevant
training. The National Science Foundation and private foundations are other potential sources of funding for support of graduate students and their research. Students are encouraged to consult with their research mentor, GAC, and Program Director, and to conduct research via such sources as the Internet, to learn about such opportunities.

VIII.E. Extra Paid Employment ("Additional Assignments")

In general, students on UAB fellowships (including fellowships awarded to first-year students) are prohibited from engaging in extra paid employment of any kind. Rules concerning such employment for other students vary with the funding source. Students who are considering extra paid employment are encouraged to consult with the Program Director, who can assist the student with determining the rules related to his or her specific situation.

Not all sources of funds for extra paid employment are compatible with all sources of the student’s primary funding. Students are encouraged to contact the Program Director and Program Manager as soon as such employment is being considered to discuss this issue.

In addition to program (MPCC) approval, Graduate School approval is also required for students engaging in extra paid employment through UAB. Students considering such employment should consult with the Program Manager, who will guide the student through Graduate School procedures. Failure to follow those procedures will typically delay or prevent payment for services rendered.

The following program policies and procedures relate to students engaging in extra paid employment of a psychological nature (e.g., providing clinical services, assisting with research, or teaching):

1. Students should obtain and complete an Extra Paid Employment Form, to be signed by all members of their GAC including their thesis or dissertation chair as appropriate to their stage of progress through the program. The completed form should be submitted to the Program Director for consideration by the MPCC, which makes the final decision regarding the student's request. It is crucial that students who desire to undertake such employment consult with their GAC and submit their request for approval by the MPCC at the earliest possible time before employment is to begin. At the Program Director's discretion the MPCC approval may be handled by e-mail.

2. Both the beginning and ending dates for the proposed employment must be specified. No request may span more than one year (12 months, irrespective of the academic calendar).

3. Students must be making Good Progress on benchmarks described in this handbook to be approved for extra paid employment. Additional considerations include:
   
   - The quality of the planned work experience, related to the student's training goals.
   
   - The intensity of planned supervision in relation to the tasks required, population served, and the student's level of experience and competence
   
   - The availability of appropriate liability coverage, where relevant.

4. Special considerations regarding teaching. Teaching can be a valuable training activity. It can help to enhance and solidify knowledge, provide practice in public speaking, and help prepare students for professional roles that involve education of colleagues, patient groups and the public. Effective teaching also requires sustained commitment of time and energy. The following special considerations relate to requests to teach for additional compensation:
• Students are discouraged from teaching in Year 2. For most students, Year 2 represents a major transition with the addition of assistantship-related work requirements and clinical activities, even as course requirements continue. Moreover, at the point at which teaching schedules are created the GAC and MPCC have little basis for predicting the student’s ability to handle the increased workload of Year 2 while teaching and continuing to make steady progress on research.

• Students are also discouraged from teaching during the academic year in which they apply for internship. Preparation of applications during the fall and travel to interviews during the fall and spring interfere with the student’s ability to meet his or her classes reliably, maintain availability to students during office hours, and in general dedicate appropriate attention to teaching. For most students the internship application year is also a critical time for making progress on the dissertation prior to leaving for internship.

• Students should teach only subjects in which they have completed relevant graduate-level coursework. This is an ethical issue akin to the requirement that clinicians practice within the boundaries of their training and expertise.

• Students who teach should have a designated faculty mentor who has experience teaching the same or a closely-related course. The mentor must agree to review course materials (e.g., syllabus) prior to the beginning of the term and observe at least one class and provide written feedback.

• If all of the above-mentioned guidelines are met – the student is making good progress, will be at least in Year 3 in the program and will not be applying for internship during the proposed teaching year, and has completed relevant graduate-level coursework – the Program Director may approve the request to teach based on the recommendation of the GAC without further approval by the MPCC.

4. Where appropriate, extra paid employment is subject to other program requirements. Clinical work for which the student wishes to accrue hours toward internship applications must be approved via the agreement process (the practicum agreement/training plan and extra paid employment form should be submitted together), activities should be logged and verified by the supervisor, and performance should be evaluated by the standard clinical practicum evaluation form at the end of each term. Teaching evaluations should be submitted to the program office and to the GAC as part of the annual review process.

Somewhat different rules apply when a student desires to engage in compensated work that is not of a psychological nature. The student should inform his or her GAC, including the research mentor, who may advise the student as to the appropriateness of this activity. Following these discussions, if the student decides to engage in such employment the GAC chair will advise the MPCC of the student’s decision. Although MPCC approval is not required for non-psychological extra paid employment, such employment is prohibited for students on fellowship and other traineeships unless approved by the Graduate School Dean.

**VIII.F. Guaranteed Stipend, Tuition and Fee Support for Graduate Students**

Beginning in 2012, the Department of Psychology began guaranteeing stipend and tuition support to all Psychology graduate students for a period of 5 years beginning with their initial matriculation into the program. Departmental policies regarding the implementation of these commitments are provided in Appendix B. Questions concerning these policies should be directed to the Psychology Graduate Programs Manager or the Program Director. Please note that support originating outside the Department of Psychology does not extend the term of this guarantee.
IX. Miscellaneous Policies and Procedures

IX.A. Respecialization and Credit for Prior Academic Accomplishments

The Medical / Clinical Psychology Program does not offer a respecialization program. However, all individuals approaching or beyond the bachelor’s degree level are eligible to apply for admission, and this includes individuals with a Ph.D. in non-clinical fields of psychology. Such students will be eligible for admission through the same process as that used to admit other students and will be eligible for the same financial support as other students in the same cohort. As a general rule, individuals accepted into this program will have their credentials reviewed, and will receive credit for past accomplishments that can stand in lieu of program requirements. All requests for credit for prior work should be submitted to the Program Director as soon as possible following admission to the program, and no later than November 1st of the student’s first year in residency. Decisions on such requests will be made on a case-by-case basis by the MPCC. However, in no case will a student receive credit for more than half the program's required credit hours of regular coursework, nor will a student receive credit for a dissertation completed elsewhere.

Several specific requirements also apply:

1) Students wishing to submit coursework from another graduate program to satisfy a Medical / Clinical Psychology curriculum requirement should submit all available course materials and evaluations (syllabus, tests, grades, etc.) to support their request. The Program Director will solicit an evaluation of these materials from the instructor of the corresponding course in our program, and if the corresponding course is a prerequisite for another course in our program, then the input of the instructor for that course will be obtained as well. If neither course instructor is available, then the Program Director may seek other faculty input. Ultimately, the Program Director submits all feedback from faculty to the MPCC, which makes the final decision about the requested course substitution.

2) Students coming to UAB with a completed master's degree and thesis in psychology from an accredited institution are not required to complete a master's degree in the Medical / Clinical Psychology Graduate Program. Such students should, however, submit their theses to the Program Director and research mentor, once determined, who may review it as a basis for recommending coursework or other training experiences.

3) Requests for credit for prior clinical training (in particular PY 777 Psychotherapy Practice–Shadowing or the introductory psychotherapy practicum) should take the form of a memo to the Program Director that describes the prior training in detail and names the clinical supervisors. Attach a letter confirming this information from the director of the program in which the training was undertaken. The Program Director submits these materials to the MPCC with a recommendation regarding the student’s request.

IX.B. Admission of Non-Clinical Psychology Students to Medical/Clinical Psychology Courses

Most of the courses developed originally for students in one graduate program within the Department of Psychology are open to students in the other graduate programs. With permission of the instructor, these courses are open to students from outside Psychology as well.

Courses that have a strong clinical component are not open to non-Medical / Clinical Psychology students. These include:
Non-degree-status students should also be aware of Graduate School rules limiting the number of non-degree credit hours that may be applied to the graduate curriculum.

**IX.C. Requesting a Waiver of a Policy or Requirement**

A student requesting an exception to any program policy or requirement should first seek the guidance and support of his or her GAC and consult with the Program Director. However, even in the absence of support of the GAC or Program Director, the student is free to petition the MPCC in writing to request a waiver or exception.

Although the program attempts to respond to rational justifications for waiving program requirements, there is reason for caution. There are 50 U.S. states plus various territories with individual licensing boards and certification requirements. Though all recognize the American Psychological Association’s Committee on Accreditation guidelines for training for clinical psychologists, some jurisdictions have additional and idiosyncratic licensing requirements. Interns applying for and hoping to accept post-doctoral positions in states with additional requirements may need to take one or more additional courses, over and above those required for graduation from our program to meet these requirement. Students are urged to start early to familiarize themselves with licensing requirements in regions where they might ultimately choose to live and work.

Upon notice of offer for a position in such a state or other entity that requires additional coursework or training, there are several options that may allow students to complete the requirement before completing the internship or soon after. After consulting with the appropriate licensing board and determining their additional training needs, students may be able to:

1. Take and pass a web-based, online course, such as may be offered by one of the many APA-approved training sites for continuing educational credit;
2. If a special idiosyncratic course is required the Program Director may be able to help arrange a readings course supervised by a UAB faculty member;
3. A local university or training program, including possibly the internship site, may be able to provide the additional course or training.

There may be other options as well. It is the responsibility of the student to identify where their first postdoctoral position will be, inquire about license eligibility as soon as possible, and follow-up as required. The Medical / Clinical Psychology Doctoral Program will provide assistance whenever possible.

**IX.D. Grievance and Appeal Procedures**

Students and faculty are expected to handle minor difficulties and disagreements with face-to-face conversation among the parties involved. All program faculty, including GACs, the Program Director, and research and clinical supervisors are responsible for working to ensure that the students’ progress through the program is unimpeded by unnecessary difficulties. Students are encouraged to discuss concerns and
disagreements with the Program Director and/or their Graduate Advisory Committees to help determine whether they can be resolved informally.

If a student feels that the matter is more serious and wishes to file a formal grievance or appeal a decision, he or she should consult the Grievance Policy that is described in the university's Graduate Student Handbook, available online at [http://www.uab.edu/graduate/prospective-students/72-students/catalog/72-policies-and-procedures](http://www.uab.edu/graduate/prospective-students/72-students/catalog/72-policies-and-procedures). In implementing this policy in the Medical/Clinical Psychology doctoral program, the faculty members of the MPCC (excluding any who are the subject of the grievance) serve the role of Program Advisory Committee.

Should a grievance extend beyond the Medical / Clinical Psychology Graduate Program, address the Program as a whole, or pertain to the Chair of Psychology or the Chair of the PTC; or should a student wish to appeal the outcome of the grievance procedure as implemented at the program level, then an appeal may be filed with the Dean of the Graduate School. Students are referred to the description of the Graduate School Appeals Board (GSAB) in the Graduate Student Handbook for a description of this appeals process.

**IX.E. Ethical Conduct and Commitment to Diversity**

The Medical / Clinical Psychology program is committed to training students in ethical conduct, consistent with the American Psychological Association’s *Ethical Principles of Psychologists and Code of Conduct*, inter alia. The Program is also committed to attracting diverse students and faculty, and to providing a welcoming and supportive environment for everyone, consistent with university policy:

**Equal Educational Opportunity Policy**

*As an institution of higher education and in the spirit of its policies of equal employment opportunity, UAB hereby reaffirms its policy of equal educational opportunity. UAB prohibits, and will not tolerate, discrimination in admission, educational programs, and other student matters on the basis of race, color, religion, sex, sexual orientation, gender identity, gender expression, age, national origin, disability unrelated to program performance, veteran status, or genetic or family medical history. Complaints by any applicant or student who has reason to think he or she has been affected by discrimination will be considered through appropriate established procedures.*

See [http://www.uab.edu/policies/content/Pages/UAB-BT-POL-0000052.aspx](http://www.uab.edu/policies/content/Pages/UAB-BT-POL-0000052.aspx) for the full policy and associated complaint procedures.

**IX.F. Records Management and Retention**


Our goal is to maintain in perpetuity all records relevant to each student's graduate education. These include course syllabi, grades, theses, dissertations, vitas, and clinical training records including supervision contracts (Agreement and Training Plan forms), records of clinical activities, and research mentor and supervisor evaluations. Program operating procedures are implemented to help us to achieve that goal to the extent that is reasonably possible. We are often called upon to provide such records for individual graduates, and we use these records for program monitoring and improvement, as well as accreditation and funding purposes.

Students are cautioned, however, that our data management procedures are evolving and are partially dependent on personnel and technology that are outside of our program's direct control. Therefore, we
cannot guarantee that all records will be available for all of our graduates if needed at any time in the future. Students are therefore encouraged to make their own records retention arrangements. One possibility is the credentials banking facility that is provided through the Association of State and Provincial Psychology Boards (ASPPB). More information is available on their website. The summary of clinical hours provided by our practicum tracking software (PractiTrack) includes a summary of clinical hours sorted for their system, which differs from that required for internship applications.

**IX.G. Other Relevant University Policies**

The university has additional policies that are relevant to students in all of its graduate programs, and are therefore described in the *Graduate School Handbook*. These include:

- UAB Policy Concerning the Responsible Conduct of Research and Other Scholarly Activities
- Graduate School Policy Concerning Student Participation in Proprietary Research
- Copyright Policy
- Patent Policy
- Student Records Policy
- Drug-Free Campus Policy for Students
- Computer Software Copying Policy
- Equal Opportunity and Discriminatory Harassment Policy
- Falsification of UAB Records and Documents

Federal laws concerning academic and health records may also apply to graduate students and faculty in the Medical / Clinical Psychology Graduate Program, depending on their teaching, research, and/or patient care responsibilities:

- Family Educational Rights and Privacy Act (FERPA)
- Health Insurance Portability and Accountability Act (HIPAA)

The Code of Federal Regulations governs the conduct of human research and the roles of investigators and Institutional Review Boards. The most relevant section is 45CFR46 (Title 45 Part 46), dealing with protection of human subjects. Conduct of animal research is governed by a comparable set of regulations; consult the UAB Institutional Animal Care and Use Committee (IACUC) office for further information.

The Program Director, MPCC, and individual faculty (including research mentors and clinical supervisors) share responsibility for ensuring that applicable university policies and ethical standards are followed, and for informing students of policies, laws and regulations that are relevant to any activities in which students are engaged under their supervision.
## Appendix A: Handbook Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
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<tbody>
<tr>
<td>October 17, 2012:</td>
<td>Inserted footnote explaining GAC terminology conflict between graduate school and program.</td>
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<td>Clarified approval process for thesis and dissertation committees, indicating that these</td>
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<td>approvals must be completed before the corresponding proposal defenses are schedule.</td>
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<td>November 17, 2012:</td>
<td>Added note to benchmarks table, giving general guidelines for students who enter the</td>
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<td>program with a master's degree in psychology (approved by MPCC on 11/16/2012).</td>
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<td>Removed requirement that students must complete and least two semester hours of PY 798 with each</td>
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<td>of two faculty (approved by MPCC on 11/16/2012).</td>
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<td>Clarify issues and process associated with moonlighting requests.</td>
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<td>Clarify that a prior master's thesis and degree in psychology from an accredited institution</td>
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<td>does not require approval by the program as a basis for waiving the master's requirements here.</td>
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<td>The thesis will, however, be used by the GAC and dissertation chair as a basis for advising on</td>
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<td>recommended course work or other training experiences (approved by MPCC on 11/16/2012).</td>
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<tr>
<td>December, 2012:</td>
<td>Corrections to semester hour counts following deletion of PY 739.</td>
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<td>Added form names, clarified related text, and fixed related typos.</td>
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<tr>
<td>July 19, 2013:</td>
<td>Revision to the clock hour / credit hour conversion formula for clinical practica and research</td>
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<td>(approved by MPCC on this date).</td>
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<td>August 16, 2013:</td>
<td>Added reference to MyPsychTrack to the body of the manual, and the transition policy to the</td>
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<td>appendix (approved by MPCC on 7/19/2013).</td>
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<td>Added reference to the grievance and appeals procedures in the Graduate School’s Graduate</td>
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<td>Student Handbook.</td>
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<td></td>
<td>Modified Table of Contents to include listing of tables.</td>
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<td></td>
<td>Added further references to the Blackboard site, and rearranged sections within Parts VI and</td>
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<td></td>
<td>VIII to improve logical flow.</td>
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<tr>
<td>February 19, 2014:</td>
<td>Added Appendix D containing updated Progress Benchmarks approved by MPCC at its January 2014</td>
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<td>meeting, to replace section VI.A. of this handbook in August 2014.</td>
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<tr>
<td>April 25 – May 10,</td>
<td>Reduced the number of required semester hours of PY797 Clinical Practicum in Medical/Clinical</td>
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<tr>
<td>2014:</td>
<td>Psychology from 12 to 6 hours.</td>
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<td>Adjust documentation requirements for research and clinical practica:</td>
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<td></td>
<td>• Agreements are no longer required for research (PY 798). An agreement with the research</td>
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<td>mentor is implicit.</td>
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<td>• Agreements for clinical practica (PY 797) now last up to 1 year.</td>
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<td>• MyPsychTrack recording and supervisor verification is now mandatory for all students except</td>
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<td>those applying for internships in 2014.</td>
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<td>Changed “Advisement” section to “Mentoring and Advising”, and added a subsection on the</td>
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<td>Research Mentor.</td>
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<td>Date Range</td>
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<tr>
<td>June-July, 2014</td>
<td>Created an appendix of MyPsychTrack instructions for students. General cover-to-cover review, reorganization and revision of the handbook for improved readability and consistency with current procedures, especially those related to the annual review by the GSC and MPCC, and to documentation requirements for clinical practica. Integrated new program progress benchmarks. Updated appendix on AAPI hour and activity tracking with material from APPIC website and feedback from APPIC regarding how activities are to be tracked, responding to questions raised at June student meeting.</td>
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<tr>
<td>August-December 2014</td>
<td>Revision policy added to the section entitled “This Handbook” on p. 1. Update to incorporate policy that research mentors (i.e., thesis and dissertation chairs) must be included on students’ GSCs. Updates to the description of the annual review to comply with individualized development plan requirements. (Sections II.B. and VII.A.) Change wording to indicate that students may defer required courses to Year 4 to allow time for individually-relevant electives to be completed in earlier years. Add GRD 717 Principles of Scientific Integrity as a required course. (Section III.A.) Add section on specialized training modules, both required (e.g., HIPAA, diversity training) and optional. (Section III.E.) Updates for switch to Plan I for the master’s degree for students proposing in 2015 or later. Major revision of steps toward degrees to integrate M.A. and Ph.D. procedures. IRB approval policy clarified. Plan II master’s wording will be removed after all affected students have completed their master’s degrees. (Sections V. and VII.) Add language stipulating that research mentors (thesis and dissertation committee chairs) must be doctoral-level psychologists, with exceptions approved by the MPCC. (Section V.B. Step 1) Add reference to Graduate School documentation for the reprint/preprint option for the thesis or dissertation. (Section V.B. Step 5) Note that students who complete their internships after the first day of classes for the fall semester will officially graduate in December rather than August. (Section V.B., Step 8) (superceded) Add language to charge the thesis and dissertation committees with assessment of students’ broad knowledge of the field, and with prescribing steps to address any deficiencies. (Section V.B. Steps 5 and 10) Minor changes to benchmarks for thesis and dissertation, changing reference to “thesis IRB” to documentation of IRB/IACUC compliance and combining deadlines for proposal defense, compliance documentation and admission to candidacy. (Section VI.A.) Add language to charge GSCs with assessing the student’s readiness for internship based on practicum experiences and evaluations, and to communicate the results of that assessment to the MPCC as part of the annual review process in the year in which the student wishes to apply for internship. (Section VI.B.) Add recommendation that the MyPsychTrack AAPI Export Preview be used to communicate accumulated clinical experience to the GSC as part of the annual review. (Section VII.A.)</td>
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<td>February - April, 2015</td>
<td>Require a teaching mentor for students who teach on an ad hoc (&quot;moonlighting&quot;) basis. (approved by MPCC on 4/17/2015)</td>
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<td>In the description of the GSC, change “Each GSC member must be a doctoral-level psychologist with a faculty appointment at UAB.” To “Each GSC must include at least three doctoral-level psychologists with faculty appointments at UAB.” Change is to accommodate students with a research mentor who is a behavioral scientist but with a professional affiliation outside psychology. (approved by MPCC on 4/17/2015)</td>
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<td>Change III.E. from “Specialized Training” to “Opportunities for Additional Learning.” Change wording to require students to attend one the thesis or dissertation proposal or defense meeting per year. (approved by MPCC on 4/17/2015)</td>
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<td>Add the following to Section IV.D. Clinical Supervision Standards: Clinical supervisors are generally licensed psychologists who are vetted through their membership in the Psychology Training Consortium. Exceptions for other licensed mental health professionals are approved through the Medical/Clinical Psychology Coordinating Committee. (approved by MPCC on 3/25/2015)</td>
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<td></td>
<td>Expanded Section IV.E. Documentation Requirements for Clinical Practica to clarify exceptions to agreement and evaluation requirements related to PY778 Psychotherapy Practicum – Initial. [No change in policy; informational item to MPCC.]</td>
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<td>Multiple revisions to Section VII. Annual Review Process for consistency with changes to that process made to integrate Individual Development Plans, as required by the Graduate School and NIH. (approved by MPCC on 3/25/2015)</td>
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<td>June, 2015</td>
<td>Addition of Appendix D, Special Considerations for Interns. A similar document was previously distributed to interns each year. Moving the information to the handbook ensures that all students have timely access to this information. [to MPCC as information item on 6/19/2015]</td>
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<td>Additions to Appendix C Instructions for Logging Clinical Hours and Activities: 1) Clarification from the AAPI instructions of what constitutes supervision of other students. 2) Mention that one can round hours up, also from the AAPI instructions. 3) Inclusion of case management and case conference meetings in which the supervisor provides the student with feedback on patient care as an example of an activity that could be counted in multiple categories, although Supervision would generally be preferred over Support. 4) Clarification of what may be logged for research-related assessments, supervision and support. [to MPCC as information item on 6/19/2015]</td>
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Elimination of section on Merit Fellowships based on redirection of corresponding funds by the College of Arts and Sciences. (Section VIII.)

Further updates to the appendix on tracking hours and activities for the AAPI, including a) definitions of disability in general and several specific disabilities (developmental, learning/cognitive, serious mental illness, serious emotional disturbance), b) further clarification of procedures for counting reports and tests, c) summary language encouraging consultation with others but noting that the student and DCT are principally responsible for accuracy of the clinical training record on the AAPI, and d) addition of a list of “data integrity checks” that the student and/or program can make. (Appendix C)
<table>
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<th>Date</th>
<th>Changes</th>
<th>Approval Date</th>
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| July, 2015       | Change progress benchmarks:  
1) Relax completion of all coursework benchmarks.  
2) Move thesis proposal drafted and Thesis IRB materials submitted from Fall of Year 2 to Spring of Year 2 for minimally adequate progress.  
3) Change all references to “minimally adequate progress” to simply “adequate progress”  
4) Eliminate distinction between research and non-research benchmarks.  
[approved by MPCC on 6/19/2015]                                                                                                                                                                                                                     |                     |
| September, 2015  | 1) Addition of PY779 Foundations of Clinical Psychology Supervision as a required course.  
2) Revision of policies and goal regarding intensity of clinical supervision.  
[approved by MPCC on 9/18/2015]                                                                                                                                                                                                                     |                     |
| January – August, 2016 | 1) Add explicit statement of Program Mission and Goals [Preliminary material]  
2) Checked and updated all web links (URLs). Added request to report dead links.  
[Preliminary material and throughout]  
3) Minor rewording of the purpose for which we are accredited consistent with accreditation requirements [I. Program Sponsorship, Accreditation, and Administrative Structure]  
4) Minor rewording of description of research orientation for first year students to focus on familiarity with research resources.  [II. Mentoring and Advising]  
5) Substituted “Graduate Advisory Committee” for “Graduate Study Committee” (and “GAC” for “GSC”), where appropriate; i.e., where the reference is not to the thesis or dissertation committee.  [Throughout]  
6) Addition of explicit statement that the required curriculum may change while students are enrolled in the program and the issues that the MPCC considers in making such changes and applying them to already-matriculated student.  [III.A. Required courses]  
7) Changes to list of required courses consistent with MPCC decisions regarding biological bases and medical/health psychology requirements.  [Tables 1 and 2]  
8) Changes to the presentation of the required course sequence to show those courses that need to be taken in a particular term and reflect flexibility in when the student takes other required courses.  [Table 2]  
9) Added caution concerning financial responsibility for tuition for courses taken in the Master’s of Science in Public Health program.  [II.F.]  
10) Added explicit description of the role of primary supervisor for clinical practica.  [IV.D. Clinical Supervision Standards and Appendix C. Instructions for Logging Clinical Hours and Activities]  
11) Replacement of references to MyPsychTrack with references to PractiTrack, and modifications to related procedures such as verifications of activities.  [IV.E. Documentation Requirements for Clinical Practica]  
12) Removal of instructions for Plan II master’s as nearly all students under this plan have completed their master’s or are in final stages.  [V.B. Steps for Completion of the Master’s and Doctoral Degrees]  
13) Added request for a brief written justification when a proposed thesis or dissertation committee requires the addition of a member without Graduate Faculty status, consistent with new Graduate School policies.  [Section V.B., Step 2]  
14) Clarified and added emphasis to the thesis/dissertation step dealing with documentation of IRB/IACUC compliance.                                                                                                                                                                                                 |                     |
15) Reorganization of benchmark tables such that rows are terms and dates and cells contain tasks completed. Addition of instructions for use of these tables. [VI.A. Progress Benchmarks]
16) Addition of section on residency requirements and expectations, as required for accreditation. [VI.G.]
17) Addition of section on funding through institutional training grants. [VIII.C.]
18) Noted importance of Graduate School approval of extra paid employment. Deleted archaic reference to "moonlighting" [VIII.E. Extra Paid Employment]
19) Addition of section IX.F. Records Management and Retention, to describe the program’s goals in this area and also encourage students to use the ASPPB records banking system.
20) Addition of PY 779 Foundations of Clinical Psychology Supervision to the list of courses open only to Medical/Clinical Psychology students.
21) Substantial re-write of Appendix C Instructions for Logging Clinical Hours and Activities to eliminate reference to MyPsychTrack and replace it with instructions for PractiTrack. However, specific documentation on use of PractiTrack is provided in the documentation for that program, and so this appendix now focuses more on guidelines for clinical activity tracking and much less so on the particulars of software use.

| October, 2016 | 1) Edited Extra Paid Employment section which did not reflect the requirement that the research mentor serve on the Graduate Advisory Committee. |
| Summer, 2017 | 1) Integrate the Table of Training Goals and Associated Objectives, Knowledge and Competencies into the body of the document at appropriate places (description of curriculum, clinical training and internship readiness) and add to the Appendix.  
2) Remove the core clinical competencies table from the description of clinical training, as it was redundant with the Training Goals, Competencies, etc. table reference above.  
3) Update information on course requirements and scheduling in both tables and text. Note that the most up-to-date information is available from the program director.  
4) Update the section on Extra Paid Employment to address incompatibilities in funding mechanisms that may preclude certain forms of EPP in some cases.  
5) Remove all references to PY 778 but retain reference to the introductory psychotherapy practicum.  
6) Correct the phone number for the Commission on Accreditation of the APA.  
7) Add text dealing with making changes to the membership of the GAC.  
8) Delete references to the GSC.  
9) Indicate the role of the GAC and supervisors in ensuring that practica build appropriately on the student's prior coursework and clinical training.  
10) Delete references to Plan II for the master's degree.  
11) Add encouragement to students to summarize in writing any changes to research plans that are made at thesis or dissertation proposal meetings or in the process of conducting the research.  
12) Add PY 779 Foundations of Clinical Supervision and Consultation to the section on clinical training sequences and the list of courses that are not open to students outside the Medical/Clinical Psychology doctoral program.  
13) Clarify the process of approval to apply for internship.  
14) Clarify that assistantships with the student's research mentor do not typically follow a strict limit in terms of hours/week.  
15) Eliminate references to the Department of Psychology in mention of predoctoral grant incentive programs.  
16) Internship Considerations appendix greatly expanded to include information related to preparing internship applications.
Appendix B: Department of Psychology Policies on Tuition and Stipend Guarantees

Implementing Policy for the Stipend Guarantee

1. Each year the student, his or her Graduate Program Director, and the Graduate Program Manager make good faith efforts to find support for the student's stipend. Typically this stipend is in the form of a research, clinical, or teaching assistantship. Specific procedures for this process are established by the program directors. Goals are:

   a. to match each student with an assistantship that provides opportunities for professional development that are consistent with each student's level of training as well as his or her educational and career goals; and

   b. to satisfy departmental needs for graduate assistants; and

   c. to otherwise limit departmental financial commitments to student support.

2. Notwithstanding Point 1a, above, no student is guaranteed the assistantship of his or her choice, and in a given year the student may only be offered assistantships that he or she does not prefer. That is, the graduate programs aim to match students to assistantships based on training goals, but there is no guarantee that this match will be ideal in every case.

3. The Department’s guarantee of an assistantship or other stipend support is terminated:

   a. at the end of five years in residence. In general, students are expected to complete their doctoral degrees within five years of initial enrollment, excluding time for clinical internships (Medical / Clinical Psychology Program) and any leave of absence.

   b. if the student is placed on probation by his or her graduate program (program probation) and the student does not take the required steps to return to good standing within two full academic terms.

   c. if the student is dismissed from his or her graduate program for any reason. Policies regarding good academic standing, probation, and dismissal are maintained on the Graduate School's website, and program-level policies may also apply.

   d. Graduate program directors and the graduate program manager work together to enforce these termination provisions.

4. Students for whom the support guarantee is terminated may receive an assistantship or other stipend, but that support is not guaranteed by the Department of Psychology.

Implementing Policy for the Tuition Scholarship Guarantee

This policy aims to ensure that students can take courses at the optimal point in their graduate course sequence to meet program requirements and obtain knowledge and skills that are foundational to their training objectives, while reducing “excess” enrollments that unnecessarily increase tuition costs to the department.
1. All course registrations must be approved by the student’s graduate program director.
   a. Especially for the first 1-2 years in the program, directors will distribute guidelines for required and elective courses that are consistent with program and Graduate School requirements, and the class schedule. Students who enroll in courses within those guidelines would then be assumed to have received the program director’s approval.
   b. In addition or instead of Point 1a, program director may require students in their programs to meet with them or the program manager for approval of course registrations or to submit justification for specific enrollment requests.
   c. In general, registration at the level required for full-time status can be approved by a program director or by the program manager based on guidelines from a program director. Registrations above this level are approved in consultation with the department chair.

2. The program director may require a student to alter his or her registration to reduce the financial burden on the department, as long as such steps do not materially delay the student’s projected time to completion of the master’s degree (where applicable) or doctorate. Such steps may include, for example, delaying a required course that is not foundational to the student’s research and training goals, or reducing research or clinical practicum credits without altering the student’s level of engagement in clinical training or research.

3. A student who withdraws from a class after the tuition charges have been paid will be personally responsible for paying for the equivalent number of semester hours in the subsequent term. This penalty may be waived by the student’s program director for good cause, which must be documented in writing and copied to the department chair. Waivers should be based on clear indication that the withdrawal was due to unexpected factors beyond the student’s control, or that it does not ultimately increase the tuition burden on the department.

4. The program manager will assist the program directors in monitoring registrations for compliance with the above provisions of this section of the policy.

5. Suspension and termination of the tuition scholarship:
   a. Students placed on academic probation by the Graduate School or their graduate program shall have their tuition scholarship suspended for at least one term. The suspension will apply beginning with the next term for which tuition has not yet been paid by the department.
   b. The tuition scholarship will be suspended for a second term if a student on probation fails to return to good standing (i.e., resolve the reasons for the probation) within one term. In the case of program probation, the reasons for the probation and specific steps required to resolve it must be provided to the student in writing at the time the probation takes effect. A copy of this letter should be placed in the student’s file.
   c. The tuition scholarship will be terminated if a student on probation fails to return to good academic standing within two terms.
   d. The tuition scholarship is terminated at the end of five years in residence. In general, students are expected to complete their doctoral degrees within five years of initial enrollment, excluding time for clinical internships (Medical / Clinical Psychology Program) and any leave of absence.
e. The tuition scholarship is terminated if the student is dismissed from his or her graduate program for any reason. Policies regarding good academic standing, academic probation, and dismissal are maintained on the Graduate School’s website, and program-level policies may also apply.

f. Graduate program directors and the graduate program manager work together to enforce these suspension and termination provisions.

6. This policy does not affect tuition payments for medical / clinical psychology students while on clinical internships. Such tuition has been paid by the Provost's office by long-standing arrangement.
Appendix C: Instructions for Logging Clinical Hours and Activities

The Medical/Clinical Psychology Doctoral program uses a locally-developed Microsoft Windows© application called “PractiTrack” to track student’s practicum hours and related activities. This software also generates Practicum Agreement and Training Plan forms, Practicum Verification and Evaluation forms, and a summary of practicum experiences (AAPI Preview) for use in advising and preparation of internship applications. A standardized tracking process is used for two reasons:

1. To help keep students’ activity logging current and verified by supervisors so that they do not need to try to recover it months or years later when they are preparing to apply for internships, and so advisors (e.g., the GAC) can monitor individual students’ clinical progress and readiness for internship based on accurate data.

2. To track clinical activities of students for program evaluation and quality improvement purposes.

A complete installation package (“zip” file) for PractiTrack is provided on the program’s private (Canvas) website. The zip file contains the program itself and required support files. A Quickstart Guide and Revision History provides most instructions required to use the program and so this appendix is limited to brief instructions for installing and running PractiTrack. More emphasis is given to principles and guidelines for logging clinical activities that are not described within the program itself.

**PractiTrack**

**Installing PractiTrack**

1. Log onto the Medical/Clinical Psychology “course” in Canvas, locate the PractiTrack module, click on PractiTrack.zip, ignore the warning message, click on “Download PractiTrack.zip” and open it with Windows Explorer.

2. Click on Extract all files. You will be asked to indicate the folder to which you want to extract the files. This will be your PractiTrack “root” folder and would reasonably be named “PractiTrack”. Good choices for the location of this folder are:

   a. Your Documents folder on your computer's permanent disk drive. If you plan to always use the same computer to maintain your log of practicum activities, this is a good choice.

   b. A flash (a.k.a. USB or thumb) drive that plugs into a USB port. If you plan to run PractiTrack on multiple computers (e.g., at various practicum or research sites) then this is a good choice. **Be aware of the risk, however, that your flash drive could be lost, stolen or damaged.** At a minimum, any flash drive used for this purpose should be encrypted (e.g., with Bitlocker⁴), and a plan should be developed for frequent backups to minimize the impact of data loss.

   Verify the driver letter and folder name and then click on Extract.

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⁴ Note that Bitlocker encryption is a precaution that’s suitable for PractiTrack data because it contains no PHI. If you are considering using a flash drive for patient data be sure to discuss this with your supervisor before doing so. Some sites disallow this altogether, while others require a more secure flash drive (e.g., Ironkey©).
3. If you are updating an existing installation, you will receive multiple queries about whether to replace folders and files.
   a. Folders: You can safely select “Yes” on any “Confirm Folder Replace” dialog. This does not actually replace any folders, but rather merges them such that new files being downloaded will be added but no existing files will be deleted or replaced without your specific permission.
   b. Files: Click on “Copy and Replace” for each file with the exception of Practicum Calculator.xlsx. If you are maintaining a record of practica in this Excel file then “Copy and Replace” will overwrite it. In this case you will likely want to select “Do not copy”.
   c. Although a program update will NOT overwrite your data file (PT_Lastname_Firstname.txt), it’s always a good idea to make a backup (or better yet upload your data to the DCT) first before you update.

Running the Program – General Considerations:

1. Unlike many Windows programs you do not have to actually “install” PractiTrack before you run it. The program is extracted along with its support files and is then ready to run.

2. The program itself is in the Program subfolder of the PractiTrack root folder. If you are running the program from your computer’s permanent disk drive you may want to create a shortcut on your desktop. If you are running from a flash drive you can start the program by double clicking on the PractiTrack batch file in the PractiTrack root folder.

3. PractiTrack appears to work fine on a Mac set up to run Windows on a virtual machine or in a separate partition set up with Boot Camp. You will need copies of Windows and Microsoft Office to set this up. These may be available to students for reduced costs; check with the Program Director for details.

4. Note that PractiTrack does not automatically access any central server or website. When you log activities they are stored in your data file (PT_Lastname_Firstname.txt) in PractiTrack root folder to which you extracted the program from Canvas. If you extract the program and run it from a different location then you will have multiple inconsistent copies of this file that will be difficult to combine.

5. In PractiTrack you can do two kinds of things: log clinical activities and use various tools. All clinical activities are tracked using buttons on the main menu. Tools (which allow you to create patients and put them in groups, examine and edit your activities, make backups, generate forms, etc.) are accessible via a Tools menu except for a few that everyone uses that appear at the top or bottom of the main menu.

6. The PractiTrack Quickstart Guide and Revision History.docx is the documentation file and will be extracted to the root folder. Most of the details of running the program can be found in this file. Contact Dr. Cook if anything is unclear.

7. The current version of the program has an expiration date, to ensure that users do not continue to use older versions that lack new features or have problems that have since been corrected. As program development has continued and core functions have become more stable the “shelf life” of each version has become successively longer.
Tracking Clinical Activities

General Principles of Activity Tracking:

1. Per APPIC: You should only record hours for which you received formal academic training and credit or which were sanctioned by your graduate program as relevant training or work experiences. Please consult with your academic training director to determine whether experiences are considered program sanctioned or not. The academic training director must be aware of and approve of the clinical activity. Practicum hours must be supervised. Supervision activity involves a formal evaluative component. Our program’s procedures for practicum agreements and evaluations implement these guidelines. Therefore:

   a. To track clinical hours for your internship application you must first create an Agreement and Training Plan with your clinical supervisor. The Forms menu will generate this form, and instructions on the form will tell you and your supervisor how to complete it. Either of you can contact the Program Director if you have questions. Once the form is completed and signed by you, your supervisor and your GAC chair, and returned to the Program Director, you are ready to begin tracking clinical activities in the practicum.

   b. Practicum Verification and Evaluation forms are also generated within PractiTrack, and ensure that the supervision activity involves formal evaluation.

   c. Supervisors verify hours and other activities on the Practicum Verification and Evaluation forms, which provide a credible basis for the Program Director to verify hours on the student’s internship application (AAPI). Consistent with APPIC guidance, however, the Program Director may be unwilling to verify hours recorded in the absence of an agreement, before the agreement is submitted, or for which there is no corresponding evaluation.

2. To state the obvious, it is important to stay up-to-date on tracking your clinical activities. The following schedule is recommended (and with respect to end-of-term tasks, required):

   **End of Each Week**
   - Bring activity logging up to date.
   - Run the Validity Checks tool. Identify and deal with any outstanding issues (duplicates, overlaps, missing information). Repeat validity check to ensure that all issues are addressed.

   **End of Each Month**
   - Upload your data to the program office (DCT).
   - Generate an Activity Verification and Competency Evaluation form for any supervisors from prior terms with whom you have unverified activities. When term is requested, select verification only. Follow instructions on the form.
   - Generate an Agreement and Training Plan form for any practica that will begin during the upcoming month. Follow instructions on form.

   **End of Each Term**
   - Catch up / complete all End of Each Week and End of Each Month activities for the term.
   - Generate an Activity Verification and Competency Evaluation Form for each current supervisor. Follow instructions on the form.
• Recommended: Generate and inspect an AAPI Preview to ensure that there are no problems that suggest human or computer errors in recording activities, and that the overall supervision ratio is ~20 minutes/hour or higher.

3. Tracked activities are of two kinds:
   a. Those that are tracked based on **time spent**. Essentially all time that you spend on clinical practicum activities are tracked this way. Direct services to patients/clients are tracked as intervention and assessment. Supervision time is tracked separately, as is “support” time spent reviewing charts, scoring tests, writing reports, consulting with other professionals, etc.
   
   b. Those that are **counted**. Tests administered and reports written are counted, and you track these activities in addition to counting the time involved.

**Defining Patients and Groups**

1. As a general rule you need to define the patient (in PractiTrack) before you can log activities with him or her. Be cautious in selecting patient codes to ensure that they do not identify the patient. It is in your interest to code demographic and disability characteristics as these describe the patients you have seen, which is a part of the AAPI. Your doctoral program as well as internships have an interesting in ensuring that you have experience working with diverse patients. It may be difficult or impossible to recover this information later. If you do discover some diversity characteristics later you can change the patient’s characteristics, either only going forward (for a characteristic that is new) or for all activities involving that patient in the data file.

2. Race and Ethnicity:
   
   a. PractiTrack implements the 2010 U.S. Census categories that derive from 1997 Office of Management and Budget requirements. Races are White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. White includes individuals of middle-eastern and northern African descent as well as those of European descent.

   b. Ethnicity is considered independent of race, and the options are Hispanic and Not Hispanic. Hispanic or Latino ethnicity refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

   c. As a practical matter this section is therefore “check all that apply.”

3. Disability:
   
   a. The Americans with Disabilities Act (ADA) defines disability as a physical or mental impairment that substantially limits one or more major life activities. This is the minimum threshold for designating a disability due to any cause, and is readily adapted to define **Physical/Orthopedic Disability** as well as sensory disabilities (**Blind or Visually Impaired**, **Deaf or Hard of Hearing**).

   b. **Developmental Disabilities** are severe and chronic disabilities that manifest before age 22 years, are attributable to a mental and/or physical impairment, and are likely to continue indefinitely, requiring extended or lifelong services, supports and other forms of individually planned and
coordinated assistance. They result in substantial functional limitations in at least 3 of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. Fewer areas of limitation may be present in an infant or child less than 10 years of age if, in the absence of services and supports, there is a high probability of meeting full criteria later in life (Developmental Disabilities Assistance and Bill of Right Act of 2000). Intellectual disability (mental retardation) and autism are examples of developmental disabilities.

c. Learning/Cognitive Disabilities can occur at any point in life. In the absence of a legal definition they can be interpreted as disabilities that occur due to impairments in cognitive processes such language, calculation, learning, memory, perception and attention. They can be inherited, congenital, acquired as a result of brain disease, injury or trauma, or of unknown origin. Examples include specific learning disabilities affecting academic performance in childhood or adolescence, cognitive impairments due to traumatic brain injury, and neurocognitive disorders typically associated with aging.

d. Various definitions of Serious Mental Illness (SMI) have been suggested. The federal definition refers to persons 18 years of age or older with mental, behavioral, or emotional disorder; who are diagnosable currently or within the past year; whose disorder is of sufficient duration to meet diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders; and whose disorder results in serious functional impairment that substantially interfered with or limited one or more major life activities. Individuals with substance abuse or developmental disorders are excluded from the SMI category unless they co-occur with another diagnosable serious emotional disturbance. Individuals who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included (Federal Register Vol 64 No. 121 pp. 33893).

SMI applies to individuals 18 years of age or older but there is a parallel definition of Serious Emotional Disturbance (SED) that applies to younger persons. SED differs from SMI in the areas of functional impairment. For SED, the diagnosable disorder(s) must cause functional impairment that substantially interfered with or limited the child’s role or functioning in family, school, or community activities and/or substantially interfered with or limited a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills. It is noted further that functional impairments may be episodic, recurrent, or continuous but are excluded if they are temporary and expected responses to stressful environmental events (Federal Register Vol 58, No 96, p. 29425). The AAPI does not specifically refer to SED but this disability can be coded in PractiTrack as Other Disability.

4. When you define a patient you also need to specify the primary supervisor for your work with that patient as well as the practicum setting. Lists of primary supervisors and practicum settings are maintained by the Program Director to ensure that all practica and supervisors are program-approved. Please contact the director if you would like to add a primary supervisor or setting to these lists.

5. Groups, families, and couples: These potential targets of intervention are all considered “groups” in PractiTrack. Create the individual clients/patients, and as you go, give the same group code for all who are members of the same “group.”
6. The PractiTrack documentation provides instructions for how to code patients/clients/targets of intervention for those interventions that don’t involve patient contact.

Tracking Activities - General

1. There are definitions and rules for tracking each kind of activity. Some are self-evident; for example: individual, group, family, and couples therapy; substance abuse treatment; individual and group supervision; chart review. In many cases there’s only one reasonable category in which your clinical time can be categorized.

2. Per APPIC: You may have some experiences that could potentially fall under more than one category, but it is your responsibility to select the category that you feel best captures the experience. (For example, a Stress Management group might be classified as a group or as a Medical/Health-Related Intervention, but not both.) The categories are meant to be mutually exclusive..... Other examples:

   a. “Case conferences” and “case management” meetings are ordinarily considered support activities but if you present your patient(s) at a so-named meeting and your supervisor is present and providing feedback aimed at improving your clinical knowledge and skills, then it may reasonably be considered supervision.

   b. Some assessment could be recorded as either supervision or assessment. If the supervisor is present and observing you while you administer a test with the purpose of noting ways for you to improve, this could be logged as either supervision or as test administration and feedback.

Students in our program may have more than their usual share of experiences that cut across categories, and the best choice won’t always be clear. You can consult with your supervisor, the Program Director, or designated pre-internship advisors to help resolve how an activity should be counted. Keeping the Program Director “in the loop” on these kinds of discussions will contribute to documentation that may reduce uncertainty among other students and supervisors over time, as well as the number of times the same issue is revisited. It is also a good idea to document decisions you made in ambiguous situations and why you made them, in case questions are raised later.

3. Although you have choices regarding how to code certain activities, an important point is that no time can be coded twice. Per APPIC: ... any practicum hour should be counted only once. ... Please report actual clock hours in direct service to clients/patients. Hours should not be counted in more than one category.

   a. This issue may arise with respect to co-therapy with a supervisor, or a situation in which the supervisor sits in on a session. Such time could be counted as direct service (intervention or assessment) or as support activity, depending on the circumstances. For example, if you are actively conducting the session (by yourself or with the supervisor) it is appropriate to count it as intervention or assessment. If you are passively observing your supervisor conducting a therapy session or administering an assessment (e.g., shadowing), it counts as support activity (and based on the definition given above, it would be inappropriate to count it as supervision). However, if you helped to conduct the session and then spent time with your supervisor afterwards, during which you received feedback, the time in the session would typically count as intervention and the feedback time would count as supervision. One caution: Based on the statement elsewhere that Practicum hours must be supervised, separate supervision (feedback) time is required in order to count contact hours as intervention or assessment. A cotherapy arrangement without separate supervision can only be counted as a support activity.
b. If your supervisor observes you administering tests you can code that time as supervision or as test administration, or even split the total time between those two activities, but you may not log the total time in both categories.

c. PractiTrack has a tool that checks for overlapping activities. You can invoke it from the Tools menu and it is invoked automatically before Practicum Verification and Evaluation forms are generated.

4. Hours may be rounded up: *A 45-50 minute client/patient hour may be counted as one practicum hour.* A reasonable generalization of this rule would be to count a 25-minute contact as 30 minutes.

5. “Consultation” has multiple meanings: If you are consulting with a patient or with his or her “agent” such as a teacher or parent, this is an intervention with patient contact. This is true even if the patient isn’t present, but the individual with whom you are meeting is representing the patient who is the target of your intervention. On the other hand if you are consulting with another health care professional with the goal of more successfully meeting the patient’s needs, then that is not an intervention but is rather a type of support activity.

6. Services provided to caregivers can also be tricky to categorize: If you are leading a support group for caregivers then those caregivers are your patients/clients and you are conducting group therapy. If you are working with a group of parents on child management strategies and the target outcomes are changes in the child’s behavior, then the children are the patients and you are consulting with the parents as their agents.

7. You are encouraged to obtain an AAPI Preview or Spreadsheet report at least once/month to help verify that your activities are being recorded appropriately. Waiting to discover a problem until months or years later will make it more difficult to fix.

8. Finally, although you are encouraged to discuss how to track various kinds of activities with your supervisors, GAC members, and other knowledgeable faculty as well as more experienced students, some caution is advised. In many cases these individuals will not have reviewed either the AAPI instructions or these program guidelines recently. Consult these instructions first, the AAPI instructions second (online, including on the program’s private website), and knowledgeable others third, until your questions are resolved. Learn to recognize the kinds of choices that are subject to interpretation (e.g., the activity designation when an activity meets criteria for more than one category) and distinguish them from definitions, terms and guidelines that are unambiguous (e.g., definitions of an integrative report and of face-to-face supervision, and the requirement that no time can be counted twice). Consult with the program director at any point. Recognize that while advice from others can be extremely valuable, only you and your program director will ultimately sign off on your AAPI, indicating that your representation of your clinical training experiences is accurate within reasonable limits and consistent with AAPI guidelines.

**Tracking Intervention Hours:**

1. *Interventions with patient contact* can be provided to individuals or groups, but in some cases this is constrained in obvious ways by the type of activity (e.g., individual therapy can only be provided to individuals, and group, couple and family therapy can only be provided to groups).
2. **Research Interventions.** APPIC guidelines indicate that interventions conducted in the context of clinical research may be counted the same as interventions conducted outside the research context as long as they meet the usual program and APPIC requirements for clinical practica and intervention.

3. **Definition of “intervention” and prohibition of therapy by telephone.** APPIC never defines intervention but some relevant language is given in the discussions of consultation and telehealth. *Intervention refers to provision of therapeutic services to clients/patients or their agents (e.g., teachers or parents) either in face-to-face interaction or via 2-way interactive video conferencing. “Telephone sessions” are excluded from being counted as intervention hours, but if they are a standard part of a clinical research intervention it may be appropriate to include them as part of the description of the therapy experience in the CV.*

4. **Interventions without patient contact** include two main types of activities:
   
a. Services provided to organizations or groups in which you will not have a patient/therapist relationship with individual members and the outcomes of interest are the group, organization or community.

   b. Supervision of other students. Such supervision is generally provided to beginning students by more advanced students, although the main issue is whether the supervising student has appropriate expertise to service in a supervisory capacity. Further information is provided below under Tracking Supervision Hours.

**Tracking Assessment Hours:**

1. **Types of Assessment.** Test administration and feedback are categorized into “psychodiagnostic” and “neuropsychological.” Selecting either of these categories results in display of APPIC guidance in deciding which category should be selected. Note that these categories can be used to log time spent providing feedback on test results; this is another situation in which you may often have choices, for example whether to code something here as to use an intervention category.

2. Some assessment activities are excluded from logging and tabulation for the AAPI: Per APPIC, *if the person you assessed was not a client, patient, or clinical research participant, then you should not include this experience. Do not include any practice administrations.* This instruction applies to logging of hours, testing experience, and integrated reports.

3. **Research Assessments.** APPIC does not provide guidelines for research assessments but the following guidance is intended to parallel the guidance provided for research interventions: Assessments conducted in the context of clinical research may be counted the same as assessments provided in other patient care contexts as long as the individual being tested is in fact a client or patient and is treated as such (for example, he or she is benefitting from the assessment and receives feedback, recommendations, etc., either directly or through the primary caregiver or others responsible for the

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5 APPIC does not define clinical research but NIH does, as research with human subjects that is: a) patient-oriented research (research conducted with human subjects for which an investigator directly interacts with human subjects. It includes: mechanisms of human disease, therapeutic interventions, clinical trials, development of new technologies), b) epidemiological and behavioral studies, and c) outcomes and health services research. Studies falling under 45 CFR part 46.101(b) (4) (study of existing and de-identified data, documents, records, or specimens) are not considered clinical research by this definition. (downloaded 1/14/2015 from [http://grants.nih.gov/grants/glossary.htm#C](http://grants.nih.gov/grants/glossary.htm#C)).
individual's healthcare). However, if the only purpose of testing is research data collection or screening, then the associated hours do not count toward the AAPI. Tests administered during these hours should be considered research administrations, as described in the section on Counting Assessments and Integrative Reports, below. Students wishing to count research assessment hours should provide the Program Director with specifics in order to verify that their hours may be counted.

4. **Testing vs. Support**: Although test administration time in a clinical context is logged as assessment, time spent on scoring, interpreting and writing up test results is logged as support activity.

**Tracking Supervision Hours:**

1. **Per APPIC**: *supervision can be provided by licensed psychologists, licensed allied mental health providers (e.g., social workers, marriage and family therapists, psychiatrists), and advanced doctoral students whose supervision is supervised by a licensed psychologist....* Our agreement form provides a place to indicate individuals other than the primary supervisor who will also provide supervision. Psychology interns are considered advanced doctoral students, and although it is a small stretch of the guidelines, a post-doctoral fellow with a Ph.D. in clinical psychology who is supervised by a licensed psychologist may also provide supervision. Note, however, that the supervisor indicated in PractiTrack must be the licensed professional who is the primary supervisor on the Agreement and the individual who will verify the hours and complete the practicum evaluation at the end of the term.

Psychological technicians and psychometrists, whether licensed/certified or not, may provide excellent feedback but time spent receiving such feedback may not be logged as supervision. Instead it may be coded as Consultation with Other Professionals, a support activity.

2. **Per APPIC**: *Individual supervision is defined as regularly scheduled, one-on-one, face-to-face supervision with the specific intent of overseeing the psychological services rendered by the supervisee.....Group supervision is defined as regularly scheduled, face-to-face supervision with multiple supervisees, with the specific intent of overseeing the psychological services rendered by the supervisees.* The key elements here are obviously “regularly-scheduled” and “face-to-face”:

   a. A regular supervision schedule is subject to some interpretation; for example, it could mean that supervision occurs regularly during the student’s regularly scheduled practicum, or it could refer to a more traditional schedule of meetings each week at a fixed time. Students are encouraged to count as supervision all “face-to-face” time with the supervisor during which feedback and oversight occur. This is not to say that ad hoc or telephone supervision should never occur, just that it may not be counted as supervision for the AAPI. It may however be counted as support activity.

   b. The “face-to-face” component is unambiguous. You may not count as supervision any time that your supervisor spends reviewing your reports, scoring, etc., outside of a supervision meeting. Encourage your supervisor to do these things in your presence, giving you feedback along the way. This allows you to count the time as supervision.

3. **The “system” allows you to receive credit for providing supervision of other students, as follows:**

   a. Per APPIC: *Supervision that you have provided to less advanced students should not be recorded in [the Supervision] section, and may instead be included in the be recorded in the “Intervention Experience” section [specifically as Supervision of other students, which is a category within Interventions without Patient Contact.]*
b. Note, however, that in order to count supervision of other students that supervision should fall within the definition of supervision that is given above (e.g., regularly-scheduled and face-to-face). Individual consultations with other students do not fall within this definition – there must be a formal arrangement by which your supervision of another student is supervised in turn by a licensed and otherwise qualified clinician. Training in supervision should be included on the Agreement and Training Plan.

4. **Research-Associated Supervision (and Support).** These hours may be counted as such, as long as they meet the usual criteria for such activities. Note, however that research meetings with the supervisor and other activities that do not support patient care should not be logged as supervision. In some cases only a part of a meeting with a faculty member who is serving as both research and clinical supervisor would be counted; namely, the part that is focused on improving your clinical assessment or other patient care skills. **Caution:** A student who reaches criterion in fidelity to a research intervention or assessment protocol may be deemed to require little supervision. If the amount of supervision relative to patient contact slips below program guidelines then the practicum has essentially ended, as should logging of hours. However, if there is sufficient basis for ongoing supervision aimed at improving the student’s clinical knowledge and skills, then the practicum and associated hour logging can continue indefinitely.

**Counting Experiences with Specific Tests:**

1. Apart from tabulating hours engaged in test administration and report-writing, the APPI asks you to indicate the **number of times you have administered specific tests, and in what context**.

   a. Three counts are maintained to represent your experience with individual tests:

      i. The number of times you administered and scored the test in a clinical service context.

      ii. The number of times you administered and scored the test and also included it in an integrative report. This is logically a subset of the total number of times you administered and scored the test, so this count (as given in the AAPI Preview) cannot be larger than the prior count. Considerations for counting reports as “integrative” are given in the next section. If your report does not meet those requirements then do not count it in this way.

      iii. The number of times you administered the test in a research context. This count is independent of the other two counts. It is not required that you scored the test to include it in this count, and it is assumed that tests administered in the research context would not be included in integrated reports.

   b. PractiTrack maintains a test list that you can expand as described in the program documentation. Although you can do this yourself, you are encouraged to e-mail the DCT if there are tests that you would like to add. Adding them at the program level will save your fellow students some time and contribute to the overall utility of the program.

   c. It is up to you to ensure that you do not count an adult test that is administered to a child or vice versa.

   d. Per APPIC: **You should only include instruments for which you administered the full test. Partial tests or administering only selected subtests are NOT to be included in this accounting.** APPI instructions provide no formal description of an assessment instrument or test, nor do they distinguish explicitly between tests and subtests. Considerations in deciding whether an assessment procedure is a test might include whether it is published and/or typically administered independently, how it
is considered in authoritative textbooks, and whether norms and psychometric data have been published. If there is doubt, then this decision is probably best made in consultation with the supervisor as the substantive expert in the discipline.

**Counting Integrative Reports:**

1. The AAPI also includes summary counts for the total number of adult and child/adolescent integrated reports that you have written (i.e., for which you were the principal author). Note that per APPIC: [Integrated reports] should NOT include reports written from an interview that is only history-taking, a clinical interview, and/or only the completion of behavioral rating forms, where no additional psychological tests are administered. The definition of an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. It should be recognized, however, that the listed categories have somewhat fuzzy boundaries and nearly any formal assessment instrument that is administered to the patient with the goal of understanding the problem, establishing a diagnosis, or developing a treatment plan should be countable. According to AAPI instructions, you may count an integrated report if you wrote it (i.e., were its primary author) and it conforms to the definition given above.

2. Earning credit for writing a report does not mean that you automatically have earned credit for the specific tests that you interpreted unless you personally administered and scored those tests. Credit for interpreting particular tests on the AAPI requires that you administered the test, scored it, and interpreted in in an integrated report. However, the AAPI instructions do not require that you personally administered the tests that are required by the definition of an integrated report in order to count the report. Thus, you can take credit for an integrated report that you wrote based entirely on testing that you did not administer and score.

**Training Experiences that Do Not Fit into the AAPI:**

Not all training activities qualify for inclusion in the AAPI tabulations, including some that represent an component of your training. Such activities might include:

1. Measures observed but not administered, or administered without being scored, if such activities are a regular part of a practicum experience.

2. Experience administering neuropsychological assessment procedures that do not fit the definition of a test, as well as subtests that do not count on their own as tests.

3. Other training activities that your supervisor or the training director at your clinical site advise you to track and report as documentation of your training.

APPIC advises students to summarize additional activities that don’t “fit” into the AAPI but represent important training experiences on the CV or in the application cover letter, so it may be worthwhile to track them outside of PractiTrack (e.g., in Excel). Hours spent in most of these activities should already be counted as either support or assessment, so these ancillary tabulations should generally be counts or lists. If you ultimately decide to report them it may be worthwhile to indicate that these activities are in addition to those included in the AAPI tabulations.

Depending on what you are tracking it may be useful to include the PractiTrack “patient/client code”, date, and relevant supervisor in any such tracking. While verification is not required, it may be useful to provide this information to a supervisor whom you ask to write a letter in support of your internship application.
Appendix D: Considerations and Instructions for Internship Applicants and Interns

This appendix addresses issues specifically related to application for, transition to, and enrollment and health insurance during the pre-doctoral internship. Certain graduation-related issues are also covered.

1. APPLICATION PROCESS

Read carefully the section on Internship Readiness that appears in the body of this handbook. The material presented in this appendix is intended to provide more “nuts-and-bolts” directions for students who have already been approved to apply.

a. If you’ve not done so already you should plan to get on the APPIC Match News listserv match-news@lyris.appic.org. The other major resource is the Internship Preparation Seminar that’s offered every August through November. Contact the DCT if you have not received information about these meetings.

b. When you register for the match you will need to indicate our Doctoral Program Associate (DPA) number, which is 006.

c. Incompletes: If you have a pending Incomplete from summer you should request the associated evaluation ASAP and then “remind” with appropriate but increasing frequency so you can obtain a transcript that is free of such blemishes. Once the term is over grades on Banner are updated approximately 1x/week. If you submit your last clinical or research evaluation for summer by a Friday and your grade is not updated by the following Monday you should contact the DCT.

d. PractiTrack data: Practicum hour and activity data should be up-to-date at the end of the summer term and prior to requesting approval to apply. Other things to do:

   i. Use the Standardize Test Names for AAPI Categories and Standardize Practicum Site Names for AAPI Categories tools so that categorization of tests and sites is as complete as possible and as a result your AAPI Preview is maximally useful when it comes time to complete your AAPI. In most cases standardization should only be required for tests and sites that were entered prior to March 2016 (i.e., in MyPsychTrack) so this . As always, please let me know if there are any test names or practicum sites missing from the standard lists and I will add them.

   ii. Review issues indicated by PractiTrack’s Validity Checks tool.

      1. It is to your advantage to add demographic data for your patients since internship sites may consider the diversity of patients you have seen. Update on the Create or Update Patients and Groups dialog.

      2. In theory there should never be missing supervisors or practicum sites but those should be addressed as well. Update as for patient demographics.

      3. Multiple integrative reports for the same patient can be accurate or can reflect a data entry error, especially when the two dates are close.

      4. Unclassified/misclassified reports have to do with patient age and mostly will reflect carryovers of incomplete data from MyPsychTrack.

      5. All activities should be covered by agreements but I’ve seen situations where the discrepancies are not worth worrying about; e.g., they occurred during shadowing (which actually did involve an agreement, just not a standard clinical agreement) or a few days before or after the term of the agreement. We should discuss any other situations soon to determine whether a retrospective agreement is required, but such situations should be
very rare. Note that this check requires that your agreements all be stored in your Agreements folder.

6. Unverified activities will be dealt with after everything else. See below.

7. Overlapping and duplicate activities can be addressed through the Scan for and Edit Overlapping and Duplicate Activities tool.

iii. Once your activities and hours are recorded (and possibly renamed) and all validity issues addressed through at least the end of the summer term you should arrange for verification of any unverified past activities. (You need not concern yourself or supervisors with random isolated unverified activities -- I won’t be concerned with them either.) Do not modify activities while their verifications are pending because that will cause those activities to not be verified. Use the “Verification-Only” tool to solicit verifications from past supervisors with unverified activities. Supervisors should not back-date verifications of old activities. Be sure to put returned verifications in your Pending folder so they are applied to your data and filed correctly.

iv. Review your hours and activities – supplement to discussions in the internship prep seminar.

1. The Practicum Settings table in the AAPI Preview combines information about categories (which you’ll enter in the AAPI online) and sites (which you won’t). The site information is provided because some practica can reasonably be placed in more than one category. APPIC’s philosophy is that when a setting can reasonably be categorized in more than one way you are welcome to classify in the way that presents your experience in the best light. If you find a site that you believe is likely to be misclassified for most students please inform the DCT.

2. You can also reclassify some activities based on the principle described under 3c, above. For example structured interviews are classified most explicitly as Intake/Structure Interview but a SCID might be classified instead as Psychodiagnostic testing (assessment). Test feedback can be classified as assessment but in some circumstances might also be provided in the context of therapy or another intervention. At this point PractiTrack doesn’t provide a mechanism for retrospectively reclassifying hours. The DCT can handle such reclassifications if you upload your data in September or early October and concurrently indicate what changes should be made, or you are free to make these adjustments later as you complete your AAPI Online.

v. Potential problem: Tabulation of tests interpreted in reports: There were some problems in this area that were inherited from MyPsychTrack (MPT). The problem shows up when the AAPI Preview does not indicate all of the tests that were interpreted in reports, so examine those records to see whether the data reported there are reasonable in light of your experiences and expectations. The specific problem is indicated by tests being listed as administered and scored (1st column) but the count of how many times the test was interpreted (2nd column) is too low. These numbers were imported correctly from MPT. If you did not record reports in MPT then MPT would definitely not have tabulated interpretations in the table of experience with specific tests, but some students did enter reports but apparently did not connect tests to them in the way that MPT required or there was some program error in MPT. Who is affected does not seem to be completely predictable.

Any testing experience entered in PT would be reported correctly, and for testing entered into MPT you will have to make your best guess regarding whether your data are accurate. Your PractiTrack spreadsheet may be helpful here as it will allow you to examine data imported
from MPT separately from newer data logged (presumably accurately) in PT. If you want to see the data in this way then follow these steps carefully:

1. Go to Other Tools and request a Spreadsheet.
2. Delete the following columns to make it easier to focus on the columns of interest: Date, Time, Duration, Verified, Patient, Group and Supervisor.
3. Sort by Type, Tracked, Age, Practicum, Activity, and Code (6-level sort, in that order)
4. Scan down to where Type (Column A) = 6 and Tracked (Column C) = 3/4/2016. Only rows with both of these characteristics reflect testing data imported from MPT. You’re free to delete all other data rows if that makes the process easier.
5. Within these rows,
   a. Activity is the test name.
   b. Code is 91 for tests administered and scored and 92 for those that were administered, scored and interpreted. (Code=93 is a test administered for research purposes.)
   c. nPatients Column F will give the counts corresponding to the two categories just mentioned.
   d. Age will be 10 for child tests and 40 for adult tests
   e. Practicum gives the practicum site name.
   f. Additional columns are irrelevant.
6. At this point all of the tests administered and scored at a site will be grouped together and alphabetized. If you administered and scored the test at the site, but did not interpret it in a report, then there will be a row in the spreadsheet with Code=91 and nPatients=number of times you did this. If you administered and scored the test and also interpreted it in a report, then there will be a row with Code=92 and nPatients=number of times you did this. You may have either or both these lines for a test. Your task would then be to decide whether these data are correct.
7. If your data are incorrect –some or all of the Code=91 administrations should be changed to Code= 92 to reflect interpretation of the test in a report -- then you have two options:
   a. Inform the DCT of the errors, perhaps most easily by adding comments to the spreadsheet, saving it as an Excel file (not the CSV format that comes out of PractiTrack) and submitting it as an e-mail attachment. Concurrently upload your data file, which will be adjusted and sent back to you. This approach is preferred, simply because we aim to have accurate data on our students’ clinical experiences, but it is not required.
   b. Plan to make the adjustments when you complete your AAPI Online. The only caution is that APPIC defines the two columns as “administered and scored” and “administered, scored and interpreted in a report”, so all reports tabulated in the second column should also be tabulated in the first and, consequently, the second count should never exceed the first count.
   c. PractiTrack provides no capability (yet) to upload data to the AAPI online. The process of manually transferring information from the AAPI Preview to the practicum summary section of the AAPI itself is apparently straightforward because the two are a perfect match, or at least they were in 2016. If the online format has been changed please inform the DCT. Feel free to suggest other changes to the Preview that would make the data transfer easier.
   d. After you’ve completed your AAPI Online there will be a point at which you will send the DCT (via the online system) a request to verify your hours and dissertation progress. Please submit those requests no later than October 21st, and when you do please also upload your PractiTrack data file. I’ll be running PT and reviewing your AAPI Preview and validity checks. Here’s what I’ll be looking for:
      i. Hours and activities verified through the end of summer term.
ii. Hours and activities updated through at least October 1st so in most cases the summed hours you report in your AAPI should be a fairly close match to those that appear on your AAPI Preview. The only sources of discrepancies should be the additional hours you project for the month of October or shifts between intervention and assessment as described above. Other anticipated discrepancies should be discussed with the DCT in September, not at the point that we’re all up against deadlines.

iii. No major issues revealed by validity checks.

g. AAPI Miscellany:

i. DCT’s contact information:
First Name: Edwin
Last Name: Cook  (skip "III")
Email Address: ecook@uab.edu
Street Address Line 1: CH 415
Street Address Line 2: 1720 2nd AVE S
City: Birmingham
State/Province: AL
ZIP Code: 35294 or 35294-1170
Phone: 205-934-8723

ii. Accreditation Status: APA, not CPA

iii. Training Model: Scientist-Practitioner

iv. Program academic affiliation: Most people list Psychology in the College of Arts and Sciences, which is probably best based on our administrative home, despite our dual affiliation.

v. You will answer questions that fill in the following table:

<table>
<thead>
<tr>
<th>Doctoral Program Information</th>
<th>Status</th>
<th>Date Completed or Expected (MM / YYYY)</th>
<th>Required to participate in match?</th>
<th>Required to attend an internship?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you complete your academic coursework?</td>
<td>Indicate Completed even if you are taking GRD 717 (more like training than academic coursework) this fall.</td>
<td>Indicate month and year you completed your last academic course. In addition to GRD 717 exclude PY 790, 797, 798, and 799.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you successfully completed your program's comprehensive examinations?</td>
<td>Indicate Completed</td>
<td>List dissertation proposal date, since that serves as the qualifying exam in our program</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Master Thesis:</td>
<td>Completed</td>
<td>Date of master's defense</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

...and this one:

<table>
<thead>
<tr>
<th>What is the current status of your dissertation/doctoral research project?</th>
<th>Status</th>
<th>Date Completed or Expected</th>
<th>Required to participate in APPIC match?</th>
<th>Required to attend an internship?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal Approved</td>
<td>Completed</td>
<td>dissertation proposal date</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Collected</td>
<td>Answer as appropriate</td>
<td>If your data will be collected by the time you apply answer Yes because these are in fact program requirements. Otherwise say No reflecting the fact that you have been granted a waiver. In general avoid the combination of No for the 1st question and Yes for the second since that sets up a situation in which you could be forced to renge on a commitment to a site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Analyzed</td>
<td></td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
h. **Letters:** Your DCT is required to write a letter for you that includes your major strengths and any areas that would benefit from further training and development during internship. It is to your benefit to help make this task as reasonable as possible.

   i. As soon as you've firmed up your list of sites, and **no later than October 15th**, send that list to your DCT and indicate your earliest application deadline. Do not “pad” that deadline to make sure that it is met. The DCT has never missed a deadline for any site and is well aware that doing so could harm you and the program. **Trustworthy information is required.**

   ii. DCTs are supposed to collect and summarize information from “knowledgeable parties”, so:

      1. **No later than October 15th** send your DCT a summary of your own strengths and areas for further development. There should be reasonable correspondence between what you send me and what you put in any cover letters or essays. Areas for further development should be your own honest self-appraisal but of course they should tilt toward things that can reasonably be addressed at the internship sites to which you are applying. If there’s anything else you want the DCT to cover in the letter please describe. Note that although you can send different materials to different programs, the DCT letter becomes part of your standard application and so must be appropriate for all programs. Please attach an up-to-date vita when you send this information and consider attaching drafts of final essays and a sample cover letter, all of which may help the DCT to highlight your strengths and present a consistent message to internship programs.

      2. Ask each of your letter writers to send the DCT at least a draft of their letter by **October 21st**. This is so the DCT’s letter and others can agree, at least in general terms, and so the DCT can highlight information in individual letters. The DCT doesn’t “approve” letters submitted by other faculty – this is sometimes unclear to those who are new to the process.

   iii. Other considerations related to letters and letter-writers.

      1. Does the individual meets deadlines?

      2. Faculty who have written comments on your evaluations may be better positioned to write a letter for you. Those comments tell you what they’re likely to say about you, and if you are unsure of their opinion that’s an entirely appropriate topic for discussion.

      3. Consider seniority and affiliations, at least in the aggregate. Letter writers will appropriately describe their own qualifications and experience as context for commenting on your qualifications and experience, so it probably helps to have at least some letter writers who can point to their own substantial experience (e.g., by describing you as one of the best students they have trained over the past 20 years). As for affiliations, you might remind your letter writers to emphasize (in the body or even their signature “block”) of titles, affiliations or experience that is especially relevant to your application. For example, if you are applying to sites with a particular emphasis then at least one of your letters should be from someone with strong credentials in that area. Also, choice of letter writers should make sense in terms of your practicum experiences: if you received a substantial amount of your experience in one setting then the absence of a letter from someone from that setting might raise concerns. If this is likely to happen due to constraints on the number of letters then inform the DCT, who can possibly address this issue in his or her letter.

2. **TRANSITION DATES AND NOTIFICATIONS:**

   a. As soon as you know them, send the following dates to the Graduate Programs Manager:
i. Termination date at UAB (last day you will be on-site and engaged in clinical work or research). This is the last day for which you will be paid.

ii. Official start date for your internship

b. Be sure to communicate in a timely way with your research mentor and any clinical supervisors regarding relevant termination dates and any absences (e.g., trips to find housing) associated with transition to your internship site.

c. Before you leave for internship, be sure that any outstanding research and clinical practicum evaluations have been submitted. It will typically be easier to do this while you’re in Birmingham than at a distance. Students who defend their dissertations before departure for internship are excused from providing a research evaluation for the summer term, even if enrolled for research credit.

3. REGISTRATION:

a. Registration for the summer PRIOR to internship: Rising interns typically register for 3 hours assuming that they will be engaged as a student at UAB or intern during at least part of the 10-week summer term. Here are additional considerations:

i. If you will be continuing clinical practica during most of the 10-week summer term (i.e., into July), register for at least one hour of PY 797. Note that doing so will require that you meet all requirements for summer practica, including agreements, hour tracking, and evaluations. Students leaving in June can typically consider any remaining clinical activities in that month to be an extension of the Spring practicum. Consult the program director if you have questions.

ii. If you will be engaged in research during the 10-week summer term, register for at least one hour of PY 799. (By this point you should have already accumulated the 12 credit hours of PY 799 that are required to earn your degree.)

iii. Excess registration required only to defer loan repayment will typically not be covered by the program or department. Contact the Financial Aid office if you need instructions or advice on registration requirements and repayment.

iv. In the unusual circumstance that you will not be engaged in either clinical work or research at UAB and will not be on internship, contact the Graduate Programs Manager to determine whether registration is required.

b. Registration During Internship: For the Fall and Spring semesters, as well as the Summer term at the END of your internship, register for PY 790 Clinical Internship (9 credit hours per term). Your tuition during these terms will be paid by the Provost’s office.

c. Registration if Graduation is Delayed:

i. You must be registered during the term in which you receive your degree. Typically, this will be summer of your internship year, you will already be registered for PY 790, and your degree will be officially awarded in August.

ii. Delays in this graduation schedule typically occur for one of two reasons:
1. The student did not defend the dissertation, make all changes to the document that were required by the committee, and complete all other requirements in time to meet the Graduate School’s deadlines. Please note that assembling the dissertation committee for a meeting can be much more challenging in the summer due to travel schedules, and all dissertation committee members are expected to be present at the dissertation defense unless they are permanently employed elsewhere (e.g., ad hoc experts in the subject field).

2. The internship ends after the August graduation date. The program has very little flexibility here as this is an accreditation issue.

iii. If you do not graduate in August you will need to register again (typically for 1 credit hour of PY799) in the fall after your internship so you can graduate in December. Documentation of completion of degree requirements can be obtained from the program and/or Graduate School prior to the official graduation date if helpful for post-doctoral employment or fellowship purposes.

4. APPLICATION FOR DEGREE:

a. If you will defend your dissertation before leaving for internship, complete and submit your Application for Degree (AFD) form at least two weeks before you submit your on-line dissertation approval forms.

b. Even if you will be leaving for internship without completing your dissertation, you are still strongly advised to submit your AFD before you leave. It is much easier to get the needed signatures while you are still here than to try to do that remotely.

c. Regardless of dissertation status, indicate August at the end of your internship year as your graduation month if your internship ends before the published graduation date; otherwise indicate that you will graduate during the subsequent December. Note that if you do not complete requirements in time to graduate during the month you specified then you will have to complete a new form and pay a reorder fee.

5. HEALTH INSURANCE:

a. If you currently have VIVA Student insurance you will have paid your premiums through the end of the summer, which will generally cover your transition to internship.

b. Because you will remain enrolled in a mandatory-insurance graduate program you will need to demonstrate that you will have health insurance while on internship. In most cases it is expected that you will obtain insurance through your internship or another source, although you will remain eligible for student health insurance at UAB. If you will not be taking the UAB insurance, you will need to complete a waiver form, which can be downloaded from http://www.uab.edu/studenthealth/insurance-and-waivers/mandatory-insurance-waivers and submitted directly to Student Health. They will not process the form unless you included all details regarding your new insurance. Please complete this form as soon as your insurance covering the Fall term is established at your internship site.

c. Note that a waiver is required every year in order to register for summer term, so expect a hold on summer registration during your internship year. This will clear once you submit the waiver form indicating your then-current insurance coverage.
d. If you will not be graduating in August at the end of your internship year it is recommended that you contact Student Health (VIVA) regarding your individual circumstances and questions.
### Appendix E. Training Goals and Associated Objectives, Knowledge and Competencies

#### Goal #1: To train students who are thoroughly grounded in the science of psychology and its application to health and disease.

<table>
<thead>
<tr>
<th>Associated Objectives</th>
<th>Associated Knowledge and Competencies</th>
</tr>
</thead>
</table>
| 1. Students possess knowledge of the history and foundations of scientific psychology and how psychology as a science and profession has progressed and developed over time. | **Discipline-Specific Knowledge**  
* History and Systems of Psychology  
* Affective Bases of Behavior  
* Biological Bases of Behavior  
* Cognitive Aspects of Behavior  
* Developmental Bases of Behavior  
* Social Bases of Behavior  
* Advanced Integrative Knowledge of Discipline-Specific Content Areas  
* Psychometrics |
| 2. Students possess knowledge of biological influences on affect, cognition and behavior. | **Profession-Wide Competencies**  
* Assessment |
| 3. Students possess knowledge of the lifespan development of human affect, cognition and behavior. | **Program-Specific Competencies**  
* Integration of medical health, mental health and behavior |
| 4. Students possess knowledge of social influences on affect, cognition and behavior. |  |
| 5. Students possess knowledge of major conceptual models of disease and health and on major systems and process related to physical and mental health. |  |
| 6. Students possess knowledge of basic concepts of psychological measurement and their application to the assessment of cognition and personality. |  |

#### Goal #2: To train students who are prepared to engage in high-quality practice of psychology at the entry level in collaborative and interdisciplinary professional health care contexts.

<table>
<thead>
<tr>
<th>Associated Objectives</th>
<th>Associated Knowledge and Competencies</th>
</tr>
</thead>
</table>
| In a range of medical and mental health contexts… | **Discipline-Specific Knowledge**  
* History and Systems of Psychology  
* Affective Bases of Behavior  
* Biological Bases of Behavior  
* Cognitive Aspects of Behavior  
* Developmental Bases of Behavior  
* Social Bases of Behavior  
* Advanced Integrative Knowledge of Discipline-Specific Content Areas |
| 1. Students understand major forms of psychopathology and their connection to basic biological, learning, cognitive, social and affective processes as well as individual differences in these processes. | **Profession-Wide Competencies**  
* Assessment  
* Intervention  
* Individual and Cultural Diversity  
* Supervision  
* Consultation and Interprofessional/Interdisciplinary Skills |
| 2. Students demonstrate knowledge and skills in the areas of psychological assessment. | **Program-Specific Competencies**  
* Integration of medical health, mental health and behavior |
Goal #3: To train students who are prepared to conduct meaningful and high-quality research that contributes to understanding of significant psychological or medical disorders, their assessment, amelioration, or management.

<table>
<thead>
<tr>
<th>Associated Objectives</th>
<th>Associated Knowledge and Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Students possess both general and domain-specific knowledge of research design</td>
<td><strong>Discipline-Specific Knowledge</strong></td>
</tr>
<tr>
<td>2. Students possess knowledge and skill necessary to conduct statistical analyses appropriately for most research designs in current use, as well as a foundation for understanding new statistical methods.</td>
<td>• Research Methods</td>
</tr>
<tr>
<td>3. Students are familiar with major ethical and regulatory issues related to conducting and publishing research.</td>
<td>• Quantitative Methods</td>
</tr>
<tr>
<td></td>
<td><strong>Profession-Wide Competencies</strong></td>
</tr>
<tr>
<td></td>
<td>• Ethical and Legal Standards</td>
</tr>
<tr>
<td></td>
<td><strong>Program-Specific Competencies</strong></td>
</tr>
<tr>
<td></td>
<td>• Integration of medical health, mental health and behavior</td>
</tr>
</tbody>
</table>

### How Knowledge is Acquired and Assessed, and the Minimum Level of Achievement Required for Graduation

<table>
<thead>
<tr>
<th>Discipline-Specific Knowledge Domain</th>
<th>Where Acquired</th>
<th>Assessments</th>
<th>Minimum Level of Achievement for Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>History and Systems of Psychology</td>
<td>• PY 704 Social Psychology</td>
<td>In PY 704, 708, 716 and 740 the student must answer an essay or short-answer test question that relates to origins and development of major ideas related to the course topic. In PY 707 and 770 the student must include this material in their in-class presentation or term paper.</td>
<td>Performance at the level of an A or B on relevant questions or presentation/term paper sections.</td>
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<tr>
<td></td>
<td>• PY 707 Brain and Cognition</td>
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<td></td>
<td>• PY 708 Developmental Psychology</td>
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<td></td>
<td>• PY 717 Applied Statistical Methods</td>
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<td></td>
<td>• PY 740 Adult Personality and Psychopathology</td>
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<td></td>
<td>• PY 770 Survey of Psychotherapeutic Methods</td>
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<tr>
<td>Affective Aspects of Behavior</td>
<td>• PY 704 Social Psychology</td>
<td>In each course, student must answer at least one essay or short-answer test question that relates to affective aspects of behavior.</td>
<td>Performance at the level of an A or B on relevant questions</td>
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<tr>
<td></td>
<td>• PY 708 Developmental Psychology</td>
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<tr>
<td></td>
<td>• <em>Either PY 720 or PY 731:</em></td>
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<td></td>
<td>• PY 720 Human Neuropsychology</td>
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<td>• PY 731 Health Psychology</td>
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<td>• PY 740 Adult Personality and Psychopathology</td>
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<tr>
<td>Biological Aspects of Behavior</td>
<td>• PY 707: Brain and Cognition</td>
<td>Students lead and participate in discussions of relevant readings on the cognitive and biological aspects of behavior and their integration. Each student writes and presents a proposal for a research project that investigates the neural basis of cognition</td>
<td>Students must pass this course with an A or B.</td>
</tr>
</tbody>
</table>

Cognitive Aspects of Behavior
<table>
<thead>
<tr>
<th>Developmental Aspects of Behavior</th>
<th>PY 708 Developmental Psychology</th>
<th>Students write two exams and a term paper, and participate in class discussion of readings and lectures</th>
<th>Students must pass this course with an A or B.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Aspects of Behavior</td>
<td>PY 704 Social Psychology</td>
<td>Students write two exams and a term paper, and participate in class discussion of readings and lectures</td>
<td>Students must pass this course with an A or B.</td>
</tr>
<tr>
<td>Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas</td>
<td>See Biological Aspects of Behavior and Cognitive Aspects of Behavior, above. PY 707 Brain and Cognition explicitly aims to provide basic coverage in these two domains of discipline-specific knowledge as well as integration across these areas. Most other required courses in the curriculum (e.g., PY 704, PY 708, PY 720, PY 731, PY 740, PY 770) as well as required research activities and clinical practica also integrate multiple domains of scientific content.</td>
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</tr>
<tr>
<td>Research Methods</td>
<td>PY 718 Research Design</td>
<td>Students write papers and exams as well as an individual predoctoral research grant proposal (e.g., NIH F31).</td>
<td>Students must pass this course with an A or B.</td>
</tr>
<tr>
<td>Quantitative Methods</td>
<td>PY 716 Introduction to Statistics and Measurement</td>
<td>Students take exams, complete computer-based assignments, and write papers/projects that involve choosing, implementing and interpreting statistical analyses.</td>
<td>Students must pass these courses with an A or B.</td>
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<tr>
<td></td>
<td>o PY 716L Lab for Introduction to Statistics and Measurement</td>
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<td></td>
<td>PY 717 Applied Statistical Methods</td>
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<td></td>
<td>o PY 717L Lab for Applied Statistical Methods</td>
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<tr>
<td></td>
<td>PY 719 Multivariate Statistical Methods</td>
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<tr>
<td></td>
<td>o PY 719L Lab for Multivariate Statistical Methods</td>
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<tr>
<td>Psychometrics</td>
<td>PY 764 Cognitive Assessment: Child and Adult. Although PY 764 is the primary vehicle for this domain, related material is introduced or reinforced in other required courses including PY 716 Intro to Statistics and Measurement, PY 717 Applied Statistical Analysis, PY 718 Research Design; PY 717 Applied Statistical Analysis, PY 718 Research Design; PY 719 Multivariate Statistics, PY 760 Interviewing and Behavioral Observation, and PY 765 Psychological Assessment of Personality.</td>
<td>Topics in PY 764 are assessed via short-answer and essay questions on exams. Students are also required to integrate and demonstrate their knowledge of psychometric concepts in interpreting test results</td>
<td>Students must pass these courses with an A or B.</td>
</tr>
<tr>
<td>Competency Domain</td>
<td>Where Acquired</td>
<td>Assessment</td>
<td>Minimum Level of Achievement for Graduation</td>
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<tr>
<td><strong>Profession-Wide Competencies</strong></td>
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<tr>
<td>Research</td>
<td>• Foundational graduate-level research activity, including the master’s thesis</td>
<td>• Research productivity</td>
<td>• Submission of at least one 1st- or 2nd-author publication prior to applying for internship</td>
</tr>
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<td></td>
<td>• Design, execution and and completion of the doctoral dissertation</td>
<td>• Research mentor ratings of competency top plan a program of research, design and conduct research studies, communicate research results, and master and apply relevant knowledge to the research process</td>
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<td></td>
<td>• Doctoral dissertation proposal and completed dissertation</td>
<td>• Ratings by research mentors as “substantially independent” in all major research domains</td>
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<td>• Successful completion of a master’s thesis proposal and completed thesis</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Successful completion of doctoral dissertation proposal and completed dissertation</td>
</tr>
</tbody>
</table>
| Ethical and Legal Standards | • PY 701 Professional Issues and Ethics  
• GRD 717 Principles of Scientific Integrity  
• Clinical practica | • In PY 701 students participate in class discussions and write a take-home exam  
• In GRD 717 students take quizzes dealing with topics such as research misconduct, mentoring, collaborative research, plagiarism, authorship, peer review, conflict of interest and protection of human research participants  
• In clinical practica supervisors evaluate students for their ability to recognize and practice ethical behavior. | • Students must pass PY 701 and GRD 717 with an A or B.  
• Students must be rated as ready or nearly ready for internship on practicum competencies* relevant to ethical and legal standards. |
| Individual and Cultural Diversity | • PY 704 Social Psychology  
• PY 708 Developmental Psychology  
• PY 740 Adult Personality and Psychopathology  
• PY 765 Psychological Assessment: Personality  
• Two 1-hour Diversity Seminars for beginning 2nd-year students  
• Clinical practica | • In PY 704, PY 708, and PY 740 students write exams and term papers that relate to individual and cultural diversity.  
• In PY 765 students interpret psychodiagnostic and personality test results orally and in writing.  
• In the Diversity Seminars students discuss papers that they have read in advance  
• In clinical practica, supervisors evaluate students for their sensitivity to diversity issues in assessment, treatment, and supervision, and as they relate to professional ethics. | • Performance at the level of an A or B on relevant questions or presentation/term paper sections in PY 704, PY 708 and PY 740.  
• Students must pass PY 765 with an A or B.  
• Students must complete and actively participate in the Diversity Seminars  
• Students must be rated as ready or nearly ready for internship on practicum competencies* relevant to individual and cultural diversity. |
<table>
<thead>
<tr>
<th>Professional Values, Attitudes, and Behaviors</th>
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</tr>
</thead>
<tbody>
<tr>
<td>PY 701 Professional Issues and Ethics</td>
<td>In PY 701, students write a final exam that includes questions related to professional values, attitudes and behavior.</td>
<td>Students must pass PY 701 with an A or B.</td>
</tr>
<tr>
<td>Clinical practica</td>
<td>In clinical practica, supervisors evaluate students on their professional values, attitudes and behavior.</td>
<td>Students must be rated as ready or nearly ready for internship on practicum competencies* relevant to professional values, attitudes and behavior.</td>
</tr>
<tr>
<td>Colloquium and other didactic training settings</td>
<td>Conference and colloquium attendance</td>
<td>Students’ conference and colloquium attendance, and their professional and community service, is reviewed annually by their Graduate Advisory Committees.</td>
</tr>
<tr>
<td>Interactions with student’s Graduate Advisory, Master’s Thesis, and Dissertation Committees</td>
<td>Professional and community service</td>
<td></td>
</tr>
<tr>
<td>Communication and Interpersonal Skills</td>
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</tr>
<tr>
<td>PY 760 Interviewing and Behavioral Observation</td>
<td>In PY 760 students are evaluated for their clinical communication and interpersonal skills in role-plays and a clinical interview with a mock patient</td>
<td>Students must pass PY 760, PY 764 and PY 765 with an A or B.</td>
</tr>
<tr>
<td>PY 764 Cognitive Assessment: Child and Adult</td>
<td>In PY 764 students write clinical reports based on intellectual and achievement test results.</td>
<td>Students must be rated as ready or nearly ready for internship on practicum competencies* relevant to their communication and interpersonal skills.</td>
</tr>
<tr>
<td>PY 765 Psychological Assessment: Personality</td>
<td>In PY 765 students interpret test results orally and in writing.</td>
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<tr>
<td>Clinical practica</td>
<td>In clinical practica, students are evaluated for their professional communication and interpersonal skills as manifest with patients, caregivers, supervisors, and other professionals.</td>
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<tr>
<td>Assessment</td>
<td>Assessment</td>
<td>Assessment</td>
</tr>
<tr>
<td>PY 760 Interviewing and Behavioral Observation</td>
<td>In PY 760 students are evaluated for their ability to conduct structured and unstructured clinical interviews at an introductory level.</td>
<td>Students must pass PY 760, PY 764 and PY 765 with an A or B.</td>
</tr>
<tr>
<td>PY 764 Cognitive Assessment: Child and Adult</td>
<td>In PY 764 students administer and interpret intellectual and achievement tests.</td>
<td>Students must be rated as ready or nearly ready for internship on assessment-related practicum competencies*.</td>
</tr>
<tr>
<td>PY 765 Psychological Assessment: Personality</td>
<td>In PY 765 students interpret personality and psychodiagnostic test results orally and in writing.</td>
<td></td>
</tr>
<tr>
<td>Clinical practica</td>
<td>In clinical practica, students are evaluated for their competence in selecting, administering and interpreting cognitive, psychodiagnostic and neuropsychological tests, and their ability to integrate test results with history and interview findings.</td>
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<tr>
<td>Intervention</td>
<td>Intervention</td>
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<tr>
<td>PY 770 Survey of Psychotherapeutic Methods</td>
<td>In PY 770 students give an in-class presentation, write a term paper and participate in class discussions related to a wide range of psychotherapeutic methods and approaches.</td>
<td>Students must pass PY 770 and PY 769 with an A or B.</td>
</tr>
<tr>
<td>PY 769 Cognitive Behavior Therapy</td>
<td>In PY 769 students write exams, case conceptualizations and treatment plans, and give an oral presentation, on use of CBT for a range of psychological and behavioral disorders for which its efficacy is established.</td>
<td>Students must be rated as ready or nearly ready for internship on intervention-related practicum competencies*.</td>
</tr>
<tr>
<td>Clinical practica</td>
<td>In clinical practica, students are evaluated for their ability to conceptualize problems, create treatment plans, and implement and document empirically-supported treatments.</td>
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</table>
## Supervision
- PY 779 Fundamentals of Clinical Psychology Supervision and Consultation
- Clinical practica

- In PY 779 students read and discuss papers, chapters and guidelines relating to professional supervision in diverse contexts.
- In clinical practica, students are evaluated for their knowledge and skill in the area of clinical supervision.

- Students must pass PY 779 with an A or B.
- Students must be rated as ready or nearly ready for internship on supervision-related practicum competencies*.

## Consultation and Interprofessional / Interdisciplinary Skills
- PY 779 Fundamentals of Clinical Psychology Supervision and Consultation
- Clinical practica

- In PY 779 students read and discuss papers and expert panel reports relating to the role of psychologists in interprofessional and interdisciplinary contexts.
- In clinical practica, students are evaluated for their knowledge and skill in interprofessional / interdisciplinary consultation.

- Students must pass PY 779 with an A or B.
- Students must be rated as ready or nearly ready for internship on practicum competencies* related to this domain.

## Program-Specific Competency

<table>
<thead>
<tr>
<th>Integration of medical health, mental health and behavior</th>
<th>Either PY 720 or PY 731:</th>
<th>Program-Specific Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>- PY 720 Human Neuropsychology</td>
<td>- PY 731 Health Psychology</td>
<td>Students must pass PY 720 or PY 731 with an A or B.</td>
</tr>
<tr>
<td>- Clinical practica</td>
<td>- A predoctoral internship that integrates medical and mental / behavioral health care.</td>
<td>Students must be rated as ready or nearly ready for internship on practicum competencies* related to this domain.</td>
</tr>
<tr>
<td>- A predoctoral internship that integrates medical and mental / behavioral health care.</td>
<td>- In PY 720 students write three exams, give two presentations, and contribute to class discussion.</td>
<td>Students must successfully pass their integrative clinical internship.</td>
</tr>
<tr>
<td>- In PY 731 students evaluate health outcome measures, design a behavior change guide for patients with chronic illnesses, write a research proposal and actively participate in class discussions of assigned chapters and articles.</td>
<td>- In clinical practica, students are evaluated for their attention to medical/pharmacological issues in assessment and Feedback from internship sites is used to assess this competency.</td>
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*Clinical Practicum Competencies by Domain
Numbers refer to items on our Clinical Practicum Evaluation Form

| Ethical and Legal Standards | 2a.2 Maintains appropriate boundaries: Supervisor observes appropriate boundaries with all of the student’s patient/clients |
|----------------------------|-----------------------------------------------------------------------------------------------------------------
| 2a.3 Makes ethical decisions regarding clinical relationships: Supervisor observes no marginal or unsatisfactory ethical decision-making in clinical relationships or services |
| 3b.1 Expresses knowledge of and concern for ethical issues in professional practice, and acts accordingly |
| 3b.2 Expresses knowledge of and concern for ethical issues in aspects of professional practice that are related to cultural or individual diversity, and acts accordingly |
| 3c.1 As a supervisor in training, articulates and acts on the basis of his or her ethical responsibilities to patients/clients, supervisees, and his or her supervisor |
| 3c.3 Keeps adequate records of supervision as a basis for effective communication with supervisees regarding their progress, training needs and concerns |

| Individual and Cultural Diversity | 2c.5 Is sensitive to diversity issues, including patient and community values and preferences for care, and is able to address them effectively during assessment or therapy |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------
<p>| 3b.2 Expresses knowledge of and concern for ethical issues in aspects of professional practice that are related to cultural or individual diversity, and acts accordingly |
| 3c.2 Demonstrates respect for diversity in behavior towards supervisees |</p>
<table>
<thead>
<tr>
<th>Professional Values, Attitudes, and Behaviors</th>
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<tbody>
<tr>
<td>1c.1 Understands the value and role of science in the practice of clinical psychology</td>
</tr>
<tr>
<td>1c.2 Understands the value and role of clinical practice in science</td>
</tr>
<tr>
<td>3a.1 Engages appropriately in supervision. Is open to constructive feedback on all professional activities and to questions regarding his or her own professional behavior.</td>
</tr>
<tr>
<td>3a.2 Engages in appropriate (respectful and collaborative) verbal interaction with other professionals/staff</td>
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<tr>
<td>3a.3 Communicates appropriately in writing with other professionals/staff: Notes on assessment and treatment results are timely, relatively brief, well-organized, and based on sound observation</td>
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<tr>
<td>3a.4 Attends all scheduled activities and provides timely notice if he/she cannot attend for a legitimate reason</td>
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<tr>
<td>3a.5 Changes his or her behavior as a function of supervisor’s feedback</td>
</tr>
<tr>
<td>3a.6 Demonstrates motivation and interest in the profession; e.g., by reading relevant journal articles, attending conferences and workshops, and engaging in discussion of important professional matters</td>
</tr>
<tr>
<td>3a.10 Unimpeded by behavioral problems that hinder delivery of professional services or ability to benefit from supervision</td>
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<tr>
<td>3b.3 Takes advantage of local, national and/or international educational and training opportunities to increase knowledge and competence</td>
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<thead>
<tr>
<th>Communication and Interpersonal Skills</th>
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<tbody>
<tr>
<td>2a.1 Establishes strong positive therapeutic alliances: Supervisor observes satisfactory or better therapeutic alliance with all of the student’s patient/clients</td>
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<tr>
<td>3a.2 Engages in appropriate (respectful and collaborative) verbal interaction with other professionals/staff</td>
</tr>
<tr>
<td>3a.3 Communicates appropriately in writing with other professionals/staff: Notes on assessment and treatment results are timely, relatively brief, well-organized, and based on sound observation</td>
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<thead>
<tr>
<th>Assessment</th>
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<tbody>
<tr>
<td>1a.1 Knowledge of the DSM and its proper usage</td>
</tr>
<tr>
<td>1a.2 Knowledge of appropriate administration and interpretation of assessment instruments</td>
</tr>
<tr>
<td>1a.3 Knowledge of theories and evidence regarding assessment interview formats</td>
</tr>
<tr>
<td>1a.4 Understanding of common medical and pharmacologic issues relevant to assessment</td>
</tr>
<tr>
<td>2b.1 Chooses assessment instruments that are appropriate to case needs. Supervisor observes student making satisfactory choices for instruments for many cases.</td>
</tr>
<tr>
<td>2b.2 Interprets testing and express results clearly. Supervisor observes student scoring tests correctly, interpreting test results appropriately, and writing satisfactory integrated reports.</td>
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<tr>
<td>2b.3 Able to use psychological interview for assessment</td>
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<tr>
<td>2b.4 Draws valid inferences from interviews</td>
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<tr>
<td>2b.5 Conceptualizes cases credibly (adequately) in supervision meetings</td>
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<tr>
<td>2b.6 Conceptualizes cases credibly (adequately) in written reports</td>
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<tr>
<td>2b.7 Makes appropriate DSM diagnoses. Supervisor observes agreement between himself/herself and student on at least 75% of major diagnostic categories.</td>
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<tr>
<th>Intervention</th>
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<tbody>
<tr>
<td>1b.1 Knowledge of theoretical orientations and their use in guiding treatment</td>
</tr>
<tr>
<td>1b.2 Understands the appropriate use of therapeutic approaches</td>
</tr>
<tr>
<td>1b.3 Recognizes the impact of cultural and individual differences upon the therapeutic process</td>
</tr>
<tr>
<td>1b.4 Understands both the value of ESTs and the value of individualizing therapy</td>
</tr>
<tr>
<td>2c.1 Uses case conceptualization to draw appropriate implications for an ideal treatment plan</td>
</tr>
<tr>
<td>2c.2 Uses case conceptualization to draw appropriate implications for a treatment plan that appropriately considers idiosyncrasies of the patient/client’s individual situation</td>
</tr>
<tr>
<td>2c.3 Implements individual treatments effectively based on a developed treatment plan</td>
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<tr>
<td>2c.4 Implements group therapy effectively, working supportively of a co-therapist if present</td>
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</tbody>
</table>
| Supervision | 1d.1 Articulates an approach to supervision that is grounded in research  
|            | 1d.2 Provides supervisees with feedback that is based in substantive knowledge of the area being supervised  
|            | 2d.1 Establishes strong positive supervisory relationships/alliances with supervisees and other trainees with whom he or she is charged with providing feedback  
|            | 2d.2 Promotes supervisee’s self-assessment and development by maintaining an appropriate balance between support and challenge/critique  
|            | 2d.3 Encourages and uses evaluative feedback from supervisees  
|            | 3c.1 As a supervisor in training, articulates and acts on the basis of his or her ethical responsibilities to patients/clients, supervisees, and his or her supervisor  
|            | 3c.2 Demonstrates respect for diversity in behavior towards supervisees  
|            | 3c.3 Keeps adequate records of supervision as a basis for effective communication with supervisees regarding their progress, training needs and concerns |
| Consultation and Interprofessional / Interdisciplinary Skills | 3a.2 Engages in appropriate (respectful and collaborative) verbal interaction with other professionals/staff  
|            | 3a.3 Communicates appropriately in writing with other professionals/staff: Notes on assessment and treatment results are timely, relatively brief, well-organized, and based on sound observation  
|            | 3a.7 Understands and respects the unique cultures, values, perspectives, roles/responsibilities, and expertise of other health professions  
|            | 3a.8 Integrates the knowledge and experience of other professions to inform care decisions  
|            | 3a.9 As a team member listens actively, encourages ideas and opinions of others, and expresses knowledge and opinions with confidence, clarity, and respect |
| Integration of medical health, mental health and behavior | 1a.4 Understands common medical and pharmacologic issues relevant to assessment  
|            | 3a.8 Integrates the knowledge and experience of other professions to inform care decisions |