

**University of Wisconsin-Madison
Department of Counseling Psychology
INTERNAL VERIFICATION OF INTERNSHIP READINESS**

STUDENT: _____ **DATE:** _____

TO THE STUDENT: HAVE YOUR ADVISOR COMPLETE THIS FORM WHEN YOU MEET TO VERIFY YOUR CLAIMED CLINICAL AND SUPERVISION HOURS.

TO THE ADVISOR: Thank you for reviewing the hours listed by the applicant in the on-line AAPI section on Summary of Doctoral Training. Your signature on p. 2 of this form attests that you have verified the hours reported on the on-line AAPI with the student's Clinical Accountability Forms (record of doctoral practicum hours). Please record below the total hours reported on the AAPI in three categories (Practicum Hours Information). **These hours should include estimated hours through November 1:**

- a. Total Direct Intervention Hours: _____
- b. Total Indirect Hours: _____
- c. Total Assessment Hours: _____
- d. Total Supervision Hours: _____

(Note that we only verify doctoral practicum hours—no review of master's hours needed. For students admitted directly to the Post-BA track, 807 and 808 are considered doctoral practicum hours, and should be included in these totals and verified.)

1. **Evaluation of Applicant:** Please answer the following statements. If you do not have sufficient information to rate the applicant, please check with other faculty, supervisors, etc. in order to complete this section.

- | | | |
|---|-----|----|
| a) This applicant possesses the emotional stability and maturity to handle the challenges of the internship experience. | Yes | No |
| b) This applicant possesses the theoretical / academic foundation necessary for effective counseling / clinical work. | Yes | No |
| c) This applicant possesses the skills necessary for translating theory into integrated practice. | Yes | No |
| d) This applicant demonstrates awareness of, and practices according to, the current ethical guidelines for psychologists. | Yes | No |
| e) This applicant demonstrates the capacity to participate in supervision constructively and can modify their behavior in response to feedback. | Yes | No |

2. **Additional comments:** Please provide a summary of clinical strengths and growth areas that will be used by the Training Director as a basis for completing this item on the Training Director section of the AAPI. As the faculty member most directly monitoring the clinical as well as academic progress of each applicant, your comments in this area are very important in assisting the Training Director to convey an accurate picture of the applicant's strengths and goals for improvement. Base your assessment on direct observation when possible, and on consultation with appropriate sources (e.g., supervisory ratings) as needed.

3. **The faculty agrees that this student is ready to apply for internship.**

Yes (date approved: _____)

Not yet (planned approval date: _____)

4. **File audit.** Signed copies of all CAFs are in Clinical folder in student's file. Yes No

ADVISOR: _____

Signature: _____

Date: _____