Please return the completed form directly to:

South Dakota Board of Examiners of Psychologists
810 N. Main St., #298
Spearfish, SD 57783

Applicant's Name: _____
(Last) (First) (MI)

This form applies only to applicants whose internships were not APA approved or APA accredited. Was your internship program APA approved? Yes No

If yes, please sign _____
If no, please complete the following:

APPLICANT PREDOCTORAL INTERNSHIP CONFIRMATION FORM

***Please attach the written materials about your internship.**

1) Name and describe the setting (e.g., hospital, outpatient clinic, school, consortium, etc.) of your internship site:
_____
_____

2) What was your internship program's goal? _____
_____
_____

3) Duration of internship(# of months): _____ (# of hours) _____ Start Date _____ End Date _____
Was the internship continuous for the period indicated? Yes No
If no, please explain_____
_____

4) Describe the population(s) (e.g., children, adults, minorities, homeless, chronically mentally ill, etc) to which you provided direct psychological services: _____
_____
_____

5) Describe the types of psychological services (e.g., individual therapy, group psychotherapy, psychological evaluations, etc.) you provided to patients/clients: _____
_____
_____
_____

Number of evaluations you completed during your internship: _____

*Please specify the types of evaluations you completed and specific tests administered (e.g., neuro-psychological, full batteries including intellectual and projective and objective personality measures, etc.)
_____
_____
_____
_____

Approximate number of patients/clients seen per week: _____

6) Approximate number of hours spent in face-to-face psychological services per week: _____

7) Were you provided a formal written policies and procedures (e.g., due process and grievance procedures, intern performance evaluation, goals and objective, etc.) when beginning your internship: Yes No

8) Number of hours spent per week in: Individual, Face-to-Face Supervision _____
Group Supervision_____ Other_____ please explain _____
_____

9) Number of full-time doctoral-level psychologists that were licensed, registered, or certified and served as primary supervisors at internship site: _____

*Did supervisors carry clinical responsibility for the cases being supervised (e.g., countersigning documentation or having their name on the treatment plan or summary)? Yes No

10) Name of Program/Training Director: _____

*Was this person licensed, registered, or certified to practice psychology in the jurisdiction in which the internship was located? Yes No
If no, where were they licensed? _____

*Number of hours per week the Program/Training Director was on site: _____

11) Number of interns at your site (including yourself): _____

*How many interns were full-time? _____ Half-time? _____
*If not called "Interns", what title was used? _____

12) Total number of hours spent in didactic activities: _____

_____Case Conferences
_____Seminars
_____In-service Training
_____Grand Rounds
_____Other (please specify)_____

13) Did your program utilize fee splitting or productivity arrangements for interns where they are expected to generate all or part of their stipend through clinical billings? Yes No

Additional Comments:

Provide a copy of the program description or brochure, which outlines the goals and content of the internship.
Provide a copy of the due process procedures.
Provide a copy of your internship evaluation forms.
Provide a copy of your internship completion certificate

_____ _____
Applicant's Signature Date