Student Manual

Doctoral Program in Clinical Psychology

Department of Psychology

Central Michigan University

Entering Class of 2004 - 2005
Dear Incoming Student:

On behalf of the clinical psychology program faculty and the psychology department I am happy to welcome you to Central Michigan University. This Student Manual is a guide for working your way through the Doctoral Program in Clinical Psychology. It is arranged in the approximate order of your progress through the program.

The clinical psychology faculty welcome any questions you have about the clinical program, as well as suggestions you might have for improving this manual.

Best wishes,

George R. Ronan, Ph.D., ABPP
Professor & Director of Clinical Training
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>5</td>
</tr>
<tr>
<td>PHILOSOPHY OF TRAINING</td>
<td>6</td>
</tr>
<tr>
<td>THE TRAINING MODEL</td>
<td>7</td>
</tr>
<tr>
<td>CURRICULUM</td>
<td>7</td>
</tr>
<tr>
<td>SEQUENCE OF COURSES</td>
<td>9</td>
</tr>
<tr>
<td>CLINICAL EXPERIENCES</td>
<td>10</td>
</tr>
<tr>
<td>PRACTICUM</td>
<td>11</td>
</tr>
<tr>
<td>RESEARCH EXPERIENCES</td>
<td>14</td>
</tr>
<tr>
<td>MILESTONE EVENTS</td>
<td>15</td>
</tr>
<tr>
<td>SEQUENCE OF MILESTONE EVENTS</td>
<td>17</td>
</tr>
<tr>
<td>INTEGRATION OF TRAINING GOALS &amp; PROGRAM REQUIREMENTS</td>
<td>18</td>
</tr>
<tr>
<td>STUDENT CONTRIBUTIONS TO PROGRAM FUNCTIONING</td>
<td>20</td>
</tr>
<tr>
<td>STRESS IN THE PROGRAM</td>
<td>21</td>
</tr>
<tr>
<td>CLINICAL PSYCHOLOGY PROGRAM FACULTY MENTORS</td>
<td>22</td>
</tr>
<tr>
<td>ETHICAL AND PROFESSIONAL BEHAVIOR</td>
<td>22</td>
</tr>
<tr>
<td>ACADEMIC RESOURCES</td>
<td>23</td>
</tr>
<tr>
<td>FINANCIAL SUPPORT</td>
<td>24</td>
</tr>
<tr>
<td>POLICY ON OUTSIDE EMPLOYMENT</td>
<td>26</td>
</tr>
<tr>
<td>PART-TIME STUDY</td>
<td>27</td>
</tr>
<tr>
<td>LEAVE OF ABSENCE</td>
<td>27</td>
</tr>
<tr>
<td>STUDENT MESSAGES AND MAIL</td>
<td>27</td>
</tr>
</tbody>
</table>
INTRODUCTION

The earliest references to the Department of Psychology, documented through a search of the archives in the Clarke Historical Library, dates to the 1899-1900 catalogue for Central State Normal School. At that time it was called the Department of Psychology and Pedagogy. The earliest recorded psychology faculty members were Charles T. Grawn and George Loomis. During the 1920s the number of psychology and education faculty remained small, and the emphasis was on education. In 1937 a major and a minor in psychology were offered. One of the most significant events in the history of psychology at Central Michigan University was the establishment of an independent Department of Psychology in 1964. Shortly thereafter masters and specialist programs were approved. The first graduate degree in psychology was awarded to Jean Holland in 1967. A Psy.D. Program in Applied Psychology was developed in the 1970s and the first doctoral students at CMU were admitted to this program in the fall of 1977. In 1980 the first student to graduate with a doctoral degree in psychology and this marked the first time a doctoral degree was awarded at Central Michigan University. Roger Van Horn served as the first director of the doctoral program until 1983 when the program changed into separate Psy.D. Programs in Clinical Psychology, Industrial/Organizational Psychology, and School Psychology. Except for a one year hiatus, Ira Rosenbaum served as the Director of Clinical Training from 1983 until 1993. Don Beere served as the Director of Clinical Training from 1994 thru 1998. As the Department of Psychology matured the focus shifted toward a more integrated emphasis on teaching and research. The Psy.D. programs in Clinical Psychology, Industrial/Organizational Psychology, and School Psychology changed to Ph.D. programs, and a Ph.D. program in Applied Experimental Psychology was developed. George Ronan has served as Director of Clinical Training since 1999 and oversaw the transition from a Psy.D. to a Ph.D. program. The current administrative structure of the Psychology Department is presented below.

I. Administrative Structure of the Psychology Department

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<tr>
<th>EXECUTIVE COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(DEPARTMENT CHAIRPERSON &amp; DIRECTORS OF EACH PROGRAM)</td>
</tr>
</tbody>
</table>

- CLINICAL PROGRAM
- EXPERIMENTAL PROGRAM
- I/O PROGRAM
- SCHOOL PROGRAM
- UNDERGRADUATE PROGRAM

UNDERGRADUATE AND GRADUATE STUDENTS

II. Current Clinical Psychology Program Faculty
Elizabeth Meadows, Ph.D., Associate Professor of Psychology, State University of New York at Albany, 1994. Anxiety Disorders, especially Post-Traumatic Stress Disorder and Panic Disorder.

Larissa Niec, Ph.D., Associate Professor of Psychology, Case Western Reserve University, 1998. Clinical Child Psychology; Interpersonal functioning in childhood.

Tamara Penix Sbraga, Ph.D., Assistant Professor of Psychology, University of Nevada – Reno, 2001. Cultural diversity; Treatment of sex offenders.

Stuart Quirk, Ph.D., Associate Professor of Psychology, Case Western Reserve University, 1999. Emotional response in psychopathology; Personality and substance abuse.

Donna M. Ronan, Ph.D., Interim Director of Psychological Training and Consultation Center, Associate Professor of Psychology, Fairleigh Dickinson University, 1992. Psychology of women; Health psychology; Performance enhancement.

George Ronan, Ph.D., Professor of Psychology & Director of Clinical Training, Farleigh Dickinson University, 1985. Assessment of social problem solving skills; Effectiveness of social problem solving treatments within a forensic context.

Reid Skeel, Ph.D., Associate Professor of Psychology, University of Florida, 1998. Neuropsychology, Rehabilitation.

Nathan Weed, Ph.D., Professor of Psychology, University of Minnesota, 1992. Psychological assessment; Validation of clinical inferences from psychological tests; The MMPI-2 and MMPI-A.

PHILOSOPHY OF TRAINING

The philosophy of training that guides the Doctoral Program in Clinical Psychology has evolved over the past 30 years. The program is different from traditional Ph.D. programs that solely prepare students for research and academic positions. The academic, clinical, and research experiences at CMU maintain a balance between training in science and practice. Throughout their academic, clinical, and research experiences students are provided with feedback, modeling, and mentoring that fosters the integration current theory, research, and practice. Upon graduation students are prepared to pursue clinical or research careers.

THE TRAINING MODEL

The program endorses the criteria for training set forth by the Committee on Accreditation of the American Psychological Association1 and is listed as an accredited program. The program follows a scientist-practitioner training model. The clinical psychology program faculty believe that clinical training is a complex process that cannot be readily condensed or easily simplified.
The optimal practice of clinical psychology rests on the integration of theory, research, and practice. Clinical learning involves instruction, feedback, self-monitoring, and modeling the behavior of experts. The integration of theory, research, and practice is expected to evolve out of numerous exposures to this process. This integration not only deepens scholarly learning, but also develops effective clinical skills. The clinical psychology program faculty further believe that training should expose students to a variety of testable formulations, as opposed to a single theoretical model. Integration of theory, research, and practice is essential. The program seeks to attain this goal by modeling a scientific approach in both didactic and experiential coursework.

The clinical psychology program considers the following areas as essential for 21st Century Clinical Psychologists:

- Breadth in the theoretical and empirical underpinnings of psychology
- Breadth and depth in psychological research
- Breadth and depth in assessment and intervention
- Knowledge of the guidelines outlined in the APA Code of Ethics for Psychologists and the Standards for Providers
- Knowledge that allows for practice in an increasingly diverse society in a socially responsible manner
- A commitment to life-long learning

The clinical psychology program has developed coursework and milestone events that ensure the development of the above-mentioned goals. In addition, all students work closely with a clinical psychology program faculty mentor who monitors their progress and serves as a role model for implementing these goals.

CURRICULUM

I. Foundation Courses
Basic course work is completed in the areas listed below. These courses provide a broad-based foundation for integrating psychology theory and research.

1. Biological Bases
   PSY 687 (3) Physiological Foundations

2. Cognitive-Affective Bases of Behavior
   PSY 589 (3) Cognitive Psychology OR PSY 680 (3) Learning

3. Social Bases of Behavior
   PSY 630 (3) Advanced Social Psychology

4. Individual Differences
   PSY 624 (3) Advanced Developmental Psychology
   PSY 751 (3) Psychopathology

5. History and Systems
   PSY 609 (3) History and Systems of Psychology
6. Research Design
   PSY 642 Clinical Research Methods
   AND two of the following
   PSY 611 (3) Research Design
   PSY 612 (3) Applied Multiple Regression and Correlation
   PSY 613 (3) Multivariate and Correlation Methods

7. Applied Components
   PSY 798 (6) Thesis
   PSY 898 (6) Doctoral Dissertation Design
   PSY 899 (6) Doctoral Dissertation Implementation

II. Assessment & Intervention
Coursework in this area provides a foundation for integrating theory, research, and practice related to the assessment and intervention.

Measurement
   PSY 510 (3) Principles of Psychological Measurement

2. Assessment Methods
   PSY 641 (3) Personality Assessment
   PSY 657 (3) Assessment I: Adult
   PSY 658 (3) Assessment II: Child and Adolescent
   PSY 661 (3) Neuropsychological Assessment

3. Intervention
   PSY 653 (3) Intervention I: Adult
   PSY 660 (3) Intervention II: Child and Adolescent
   PSY 785 (3) Seminar: Cognitive Behavioral Theory
   PSY 850 (3) Ethnic and Minority Issues in Therapy

4. Applied Components
   PSY 790 & 791 (6) Practicum Ia and Ib
   PSY 890 & 891 (6) Practicum Iia and IIb
   PSY 892 & 893 (6) Practicum IIIa and IIIb
   PSY 990 (3) Internship A
   PSY 991 (3) Internship B

III. Professional Development
Behaviors relevant to the professional development of clinical psychologists are consistently modeled by clinical faculty and discussed throughout the program. Formal training in ethical and professional issues is also provided. For instance, second year student are required to attend a weekly clinical conference sponsored by the Psychological Training and Consultation Center which exposes students to a wide variety of issues relevant to the professional and ethical practice of clinical psychology. Participation in monthly colloquia is required of all students and the content typically addresses professional and ethical issues confronting the science and
practice of clinical psychology. Finally, all students are required to complete a formal academic course in ethics and professional issues: PSY 765 (3) Ethics and Professional Issues.

IV. Electives
Students are to complete at least 9 elective credits. Students select elective courses in consultation with their clinical psychology program faculty mentor. Three credits of electives can be based on non-specified course content (e.g., PSY 696 Directed Research, PSY 697 Independent Study, and PSY 792 Supplemental Supervision). Although a variety of electives are available throughout the university, popular electives are in the areas of behavior therapy (PSY 780), consultation skills (PSY 766), behavioral medicine (PSY 579), clinical supervision (PSY 600), program evaluation (PSY 818), and 600 or 700 level specialty courses offered by psychology department faculty.

SEQUENCE OF COURSES

The following is a guide for sequencing the required courses. Students are expected to complete program requirements in the order indicated. Requests to deviate from this schedule must be discussed with your mentor, submitted to the Director of Clinical Training, and approved by the clinical program faculty.

<table>
<thead>
<tr>
<th>Fall Semester Year 1</th>
<th>Spring Semester Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 609 History and Systems of Psychology</td>
<td>PSY 510 Principles of Psychological Measurement</td>
</tr>
<tr>
<td>PSY 642 Clinical Research Methods</td>
<td>PSY 660 Intervention II: Child and Adolescent</td>
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<tr>
<td>PSY 653 Intervention I: Adult</td>
<td>PSY 658 Assessment II: Child and Adolescent</td>
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<td>PSY 657 Assessment I: Adult</td>
<td>PSY 751 Psychopathology</td>
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<th>Fall Semester Year 2</th>
<th>Spring Semester Year 2</th>
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<tbody>
<tr>
<td>PSY 612 Applied Multiple Regression and Correlation</td>
<td>PSY 611 Research Design OR PSY 613 Multivariate and Correlation Methods</td>
</tr>
<tr>
<td>PSY 624 Advanced Developmental Psychology</td>
<td>PSY 630 Advanced Social Psychology</td>
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<tr>
<td>PSY 785 Cognitive Behavioral Theory</td>
<td>PSY 641 Personality Assessment</td>
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<td>PSY 789 Thesis</td>
<td>PSY 789 Thesis</td>
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<td>PSY 790 Practicum Ia</td>
<td>PSY 791 Practicum Ib</td>
</tr>
</tbody>
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<tr>
<th>Fall Semester Year 3</th>
<th>Spring Semester Year 3</th>
</tr>
</thead>
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<tr>
<td>PSY 661 Neuropsychological Assessment</td>
<td>Elective 1</td>
</tr>
<tr>
<td>PSY 687 Physiological Foundations</td>
<td>PSY 589 Cognitive Psychology OR PSY 680 Learning</td>
</tr>
<tr>
<td>PSY 850 Ethnic &amp; Minority Issues</td>
<td>PSY 765 Ethics and Professional Issues</td>
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<tr>
<td>PSY 890 Practicum IIa</td>
<td>PSY 891 Practicum IIb</td>
</tr>
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<th>Fall Semester Year 4</th>
<th>Spring Semester Year 4</th>
</tr>
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<tr>
<td>Elective 2</td>
<td>Elective 3</td>
</tr>
<tr>
<td>PSY 898 Dissertation Design</td>
<td>PSY 899 Dissertation Implementation</td>
</tr>
</tbody>
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<tr>
<th>PSY 892 Practicum IIIa</th>
<th>PSY 893 Practicum IIIb</th>
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<tbody>
<tr>
<td>Fall Semester Year 5</td>
<td>Spring Semester Year 5</td>
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<tr>
<td>PSY 990 Internship A</td>
<td>PSY 991 Internship B</td>
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**CLINICAL EXPERIENCES**

I. Overview
One mission of the clinical psychology program is to train clinical psychologists who can function in applied settings. Thus, the clinical psychology program faculty have clear expectations regarding the development of clinical skills and we require students to graduate with a variety of experiences in the assessment and treatment of clinical problems. Three years of practica are required wherein students are expected to maintain a case load of approximately five clients per-week.

National guidelines for developing clinical competence are currently being developed and the clinical program is supportive of this undertaking. As examples of these recent developments, the report from the 2001 American Psychological Association (APA) Education Leadership Conference (ELC), with its Workgroup on Practicum Competencies, can be found at [http://www.apa.org/ed/elc/home.html](http://www.apa.org/ed/elc/home.html) and the report from the APPIC Competencies Conference: Future Directions In Education And Credentialing In Professional Psychology, held in November 2002 in Scottsdale AZ, can be found at [http://www.appic.org/news/3_1_news_Competencies.htm](http://www.appic.org/news/3_1_news_Competencies.htm).

In general, the clinical program employs a Dreyfus model (Dreyfus & Dreyfus, 1984) which suggests that skill development proceeds as a result of training and experience. The faculty expect that research, theory, and practice can be integrated with increasing sophistication as clinical skills evolve. Four of the proposed levels of skill development are detailed below (adapted from Benner, 1984).

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**Novice**
Novices have little experience with clinical tasks they are expected to perform. Therefore, tasks are often decomposed into context-free rules that the novice can recognize and performance is often evaluated by determining how well the rules were followed.

**Advanced Beginner**
Advanced beginners attend to situational aspects that are relevant for case conceptualization. They formulate guidelines that dictate actions in terms of attributes and aspects; but these guidelines tend to ignore the differential importance of attributes and aspects. Nuances are experienced as unintelligible aspects of the situation that haphazardly mean one thing at one time and another thing at another time. Advanced beginners often need support in setting priorities and perceiving meaningful patterns in their clinical contacts.
Competent
The development of competence requires considerable experience integrating theory, research, and practice. Actions are determined by a conscious plan. The plan is based on considerable contemplation of the problem. The plan dictates attributes and aspects of the current and future situation that are most important, and determines the contextual interpretation of the clinical situation. Because focusing on features and aspects of a case can become overwhelming, instruction focuses on the development of clinical problem solving skills. Development of a theoretically sound and empirically supported treatment plan helps to organize this complexity and results in an improved therapeutic intervention. An increased level of proficiency is demonstrated.

Proficient
Considerable experience at the level of competency can lead to the development of proficiency. Proficient clinicians understand the features and aspects of a given clinical situation and modify their treatment plan based on this understanding. Proficient clinicians recognize which aspects of the clinical situation are most salient; performance is guided by maxims. There is a notable, qualitative improvement in how problems are approached. A more holistic understanding improves decision-making, makes clinical work less laborious, and results in a sense of what is needed in a clinical situation. Usually there is a focus on fewer options that are keyed to relevant aspects of the problem situation. Because of an increased understanding of the relevant clinical factors, the proficient clinician uses maxims to guide assessments and/or interventions. Context-free principles or rules, comfortable to the advanced beginner, evoke contradictory evidence and frustration for the proficient clinician. Teaching addresses the more complex aspects of clinical situations.

II. Procedures

1. Practicum Instructor
Clinical psychology program faculty slated to teach practica present students with a description of their approach to treatment and supervision in early January. Students meet with their program mentor to discuss practicum instructor selection and subsequently complete a Practicum Instructor Preference Sheet that is used to rank preferences. The Practicum Instructor Preference Sheet must be turned in to the Director of Clinical Training within one week after the presentation. A copy of the Practicum Instructor Preference Sheet is contained in Appendix A and can be photocopied as needed. The clinical psychology program faculty review these rankings and are ultimately responsible for assigning students to instructors.

Practicum Site Selection
Practicum I students are placed in the psychology department affiliated training clinic, the Psychological Training and Consultation Center. They are generally expected to see clients assigned to the general clinic. The Psychological Training and Consultation Center is a controlled environment that is used to closely monitor student skill development. Additional information about the Psychological Training and Consultation Center, including a Brochure and a Student Manual, can be obtained from the Psychological Training and Consultation Center administrative secretary.
Each February the clinical psychology program faculty host a luncheon for representatives from the various sites where Practicum II and Practicum III students are placed. Following this luncheon the site representatives present students with information about the training opportunities available at their respective sites. Students have a chance to talk with the various site representatives. After this meeting students discuss their practicum site preferences with their clinical psychology program mentor and the following years practicum instructor. By March 1st students rank their preferred practicum sites by using the Practicum Site Preference Sheet and submit their ranking to the Director of Clinical Training. Appendix B contains a copy of the Practicum Site Preference Sheet and additional copies can be made as needed. The clinical psychology program faculty then clear students to apply for particular sites on or before March 15th. Students are not allowed to apply to practicum sites prior to receiving formal approval from the clinical psychology program faculty.

3. Review of the Student Practicum Site Preferences
The Practicum Site Preference Sheets are reviewed to ensure that the requested placements meet general clinical program training requirements. The clinical program requires that students are exposed to training experiences that ensure both breadth and depth of professional practice. For practicum training, this often translates into (a) familiarity with at least two approaches toward treatment, (b) competence with a variety of assessment techniques and formats, (c) experience with underserved and minority groups, (d) exposure to a variety of diagnostic groups, and (e) experience in treatment settings that ensure exposure to a variety of professions. Every semester student performance in practicum is evaluated using the Practicum Student Evaluation Form (Appendix C) and students are required to update their Clinical Training Record (Appendix D). The Clinical Training Record provides an ongoing record of each student’s training experience. Training goals unique to the student are based on input from the student’s clinical psychology program faculty mentor, Practicum Student Evaluation Forms provided by past and present supervisors, and information gleaned from the Clinical Training Record.

4. General Practicum Site Requirements
All approved placements espouse a scientist-practitioner training philosophy that is consistent with the program goals of integrating theory, research, and practice. Placement sites must provide students with office space, support services, and doctoral level supervisors that are licensed within their specialty areas (psychology or counseling). Practicum students follow placement site policies and procedures. Students cannot assume that the placement site follows the academic calendar and time off for vacations or other personal needs must be negotiated with the placement site.

Practicum sites must have procedures available for students to receive some on campus supervision: this often involves the Practicum Instructors reading intakes, progress notes, treatment plans, test reports, and discharge summaries. In addition, review of audiotapes and/or videotapes is required. All patients must be informed that the student is in training and will be supervised, as part of that training, at Central Michigan University.
As students develop clinical skills and obtain a limited license, they can provide reimbursable clinical services. The clinical psychology program faculty typically encourage Practicum III students to seek paid practicum placements, but not at the expense of training requirements.

5. Summary
The following is an outline of the administrative components associated with practicum coordination, assignment, and training.

- **Director of the PTCC (University/Department Liaison)**
  1. Coordinates formal agreement between the University and the site
  2. Develops new sites in consultation with program faculty
  3. Visits sites annually
  4. Maintains supervisor-program faculty listserv

- **Director of Clinical Training**
  1. Organizes clinical colloquia wherein practicum instructors describe the format of their practica
  2. Organizes requests for assignment to practicum instructors for the following year (January).
  3. Convenes the annual meeting between program faculty and clinical supervisors/placement site (February)
  4. Coordinates and reviews student requests for specific practicum sites.

- **Students**
  1. Update Clinical Training Record (January)
  2. Submit practicum instructor preference forms (early January)
  3. Attend the annual meeting with supervisors to learn of possible placement sites (February)
  4. Meet with program mentors to discuss possible placement sites (February)
  5. Meet with next years' supervisors to discuss placement possibilities (February)
  6. Submit rankings of placement sites (February)
  7. Receive feedback on rankings of placement sites (late February)
  8. Apply for practicum placement (mid March)
  9. Coordinate final placement with next years practicum instructor

- **Practicum Instructors**
  1. Attend clinical colloquia and provide students with information regarding the format of practicum (January).
  2. Attend the annual meeting with supervisors to discuss training issues (February)
  3. Meet with next years practicum students to discuss possible placement sites (February)
  4. Formalize individual arrangement with placement sites.
  5. Contact on site supervisors at least once each semester and ensure that students are evaluated each semester using the Practicum Student Evaluation Form.
RESEARCH EXPERIENCES

Students are admitted to the doctoral program under the tutelage of a clinical psychology program faculty member. All clinical faculty maintain vertical research teams that meet on a regular basis. Throughout their clinical training students are required to maintain active involvement on their clinical program faculty mentor’s vertical research team. Active involvement on a research team usually entails a combination of the following:

- Bringing in references that may interest other members of the team.
- Presenting and discussing important articles in the research literature, as in a journal club.
- Acting as a research assistant in a project being carried out by the clinical faculty member or another team member.
- Receiving assistance from other team members in carrying out your own research (e.g., rating, scoring, entering data, assistance with analysis).
- Offering constructive criticism of documents written by other members of the team (e.g., articles to be submitted to journals, thesis proposals, grant proposals, conference presentations, and posters).
- Rehearsing talks for conferences, dissertation defenses, etc., and obtaining feedback.
- Carrying out a joint research project in which all team members contribute.
- Discussing and demonstrating specific research techniques (e.g., statistical methods, psychometric methods).
- Providing and receiving social support to help get through the tribulations of completing research.

Oftentimes students participate in more than one research team. If a student’s clinical program faculty member’s research team is inactive (faculty member is on leave, etc.), then the student should participate in a different research team.

Active involvement on a research team also provides concrete benefits beyond socializing students into the process of conducting clinically sensitive research. First, participation in a research team helps students to develop their own research. Students are required to complete at least two independent research projects (thesis and dissertation) and these projects typically grow out of work conducted in their mentor’s lab. Second, active participation in a faculty member’s lab oftentimes coalesces into a specific clinical focus within the field of clinical psychology. As an example, students involved in the Anxiety and Trauma Research Team often go on to develop clinical and research specializations in the area of anxiety disorders. Finally, there is a clear expectation that students will demonstrate a commitment to the discipline by coauthoring poster presentations, paper presentations, and publications during their course of study at CMU. Participating on a research team often provides the basis for completing these tasks. Presenting and publishing high quality postdoctoral papers also provides students with work samples that can help them obtain high quality postdoctoral positions.

MILESTONE EVENTS

I. Thesis
Students should discuss the topic of this research project and other related requirements with their clinical psychology program faculty mentor. Ideally, students should begin work on their thesis proposal shortly after arriving on campus and defend the proposal during the summer after the first year of study. The complete project must be submitted to the thesis committee members prior to Thanksgiving Recess of the third year and the project must be successfully defended before the end of the fall semester of the third year of study. Students who fail to meet the defense deadline are not allowed to sit for Clinical Qualifying Examination during the spring semester of their third year. Past theses are on file and available for review. Detailed information is available in the Psychology Department Thesis and Dissertation Manual that can be obtained from the clinical psychology program secretary. Students should work closely with their clinical program faculty mentor when developing their thesis research and their mentor can provide additional guidance. Students must complete at least 6 credit hours of thesis research (PSY 798): a minimum of three credit hours while developing the proposal and three credit hours after the proposal defenses. Students who have completed the first two years of coursework are allowed to petition for an MA degree upon successful defense of their thesis.

Occasionally students entering the program with a graduate degree have previously completed a thesis. Students who have previously completed a graduate thesis can petition to waive the clinical program thesis requirement if their thesis research has been published in a peer-reviewed journal of good quality. Students must petition the Director of Clinical Training who will present the petition to the clinical faculty. The clinical faculty will then review the manuscript for quality. The final decision stems from a vote by the clinical faculty.

II. Clinical Qualifying Examination.
The Clinical Qualifying Examination requires the submission of a therapy and assessment case for review by a committee of three clinical psychology program faculty. The exam must be submitted before February of the spring semester of the third year of study. The overall expectation is that students demonstrate an integration of their didactic and applied training. The examination requires the written presentation and oral defense of an assessment and a therapy case. Passing this exam admits students to doctoral candidacy and allows students to sign up for PSY 898 Doctoral Dissertation Design. Past Clinical Qualifying Examinations are on file and available for review. Due to the Educational Privacy Act, faculty comments and decisions are only available from individual students. Detailed information is available in the Clinical Qualifying Examination Guidelines that can be obtained from the clinical psychology program secretary. Students should seek additional clarification from their clinical psychology program faculty mentor.

III. Doctoral Dissertation
Students must complete an empirical doctoral dissertation. As a general concept, the dissertation is a scholarly work related to a student’s interest area. The dissertation is formally initiated after the student is admitted to doctoral candidacy. The goal of the dissertation is to further integrate the candidate’s graduate education by investigating a professional problem in a scholarly and scientific manner. A doctoral dissertation proposal must be defended before the Director of Clinical Training can clear students to apply for their predoctoral internship. Past dissertations are on file and available for review. Detailed information is available in the Psychology Department Thesis and Dissertation Manual that can be obtained from the clinical psychology
program secretary. Students must complete at least 12 credit hours of thesis research: a minimum of six credit hours while developing the proposal (PSY 898) and six credit hours after the proposal is defended (PSY 899). Students should work closely with their clinical program faculty mentor when developing their dissertation research and their mentor can provide additional guidance.

IV. Internship
The internship is a full time position in which students function as clinical psychologists while obtaining intensive professional training and clinical experience under the supervision of senior clinical psychologists. This affords students a chance to expand their clinical skills and/or begin to develop a specialization with a specific population or setting. It takes place in the fifth year of the program and is required by the American Psychological Association. The internship year is generally considered the culmination of graduate clinical training. The Director of Clinical Training cannot clear students for internship training until they have defended their dissertation proposal.

Students typically apply to internship sites throughout the country. Applying for internship training requires a great deal of preparation and is comparable to applying to graduate school. An orientation session is held in the spring semester of the third year of graduate training. Supporting materials for internship should be prepared during the summer preceding the fourth academic year. Students generally arrange for visits and interviews between December and February of the fourth academic year.

An index of internship sites, together with descriptive material is located with the clinical program secretary. In addition, the Association of Predoctoral and Postdoctoral Internship Centers publishes a directory of Internship Programs in Professional Psychology and maintains a very useful web site. Students have found the Association of Predoctoral and Postdoctoral Internship Centers to be useful in identifying suitable internship sites. The most recent address is Association of Predoctoral and Postdoctoral Internship Centers, Suite 750, 1400 K St., NW, Washington, DC (www.appic.org).

The clinical psychology program faculty mentor is responsible for monitoring students’ internship rankings that are ultimately submitted to the matching facility. All students must go over their preferred choices with their clinical psychology program faculty mentor before the first of February. The goal of this review is to determine (a) the adequacy of all ranked sites and (b) whether the sites are APA accredited. The Director of Clinical Training must review all proposed sites that are not APA accredited before rankings are submitted to the match facility. Students must complete at least 6 credit hours of internship: a minimum of three credit hours during the fall semester of their internship year (PSY 990) and three credit hours during the spring semester of their internship year.

SEQUENCE OF MILESTONE EVENTS

Students are expected to graduate from the program in five years. The clinical program policy requires that all students graduate within eight years. That is, before students can graduate they are required to retake all coursework that was completed more than eight years prior to the date of graduation. A written request for a one-year non-renewable extension may be submitted to
the Director of Clinical Training; the clinical psychology program faculty must approve the request. The following information is meant to serve as a guide for completing program requirements in a timely manner.

**Sequencing of Milestone Events**

<table>
<thead>
<tr>
<th>First Year</th>
<th>Complete coursework</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discuss thesis topic with mentor</td>
</tr>
<tr>
<td>May</td>
<td>Receive formal feedback on progress</td>
</tr>
<tr>
<td>Summer</td>
<td>Defend thesis proposal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Year</th>
<th>Complete coursework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester</td>
<td>Implement thesis</td>
</tr>
<tr>
<td>Summer</td>
<td>Defend thesis</td>
</tr>
<tr>
<td></td>
<td>Discuss dissertation research with mentor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Year</th>
<th>Complete coursework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester</td>
<td>Attend clinical qualifying examination information meeting</td>
</tr>
<tr>
<td>Thanksgiving Recess</td>
<td>Final deadline for submitting complete document to the thesis committee</td>
</tr>
<tr>
<td>December</td>
<td>Final deadline for thesis defense</td>
</tr>
<tr>
<td>January</td>
<td>Check on clinical qualifying examination committee assignments</td>
</tr>
<tr>
<td></td>
<td>Submit clinical qualifying examination</td>
</tr>
<tr>
<td>February</td>
<td>Schedule clinical qualifying examination oral defense</td>
</tr>
<tr>
<td>April</td>
<td>Discuss internship process with mentor</td>
</tr>
<tr>
<td>May</td>
<td>Receive formal feedback on progress</td>
</tr>
<tr>
<td>Summer</td>
<td>Obtain information on internship sites</td>
</tr>
<tr>
<td></td>
<td>Defend dissertation proposal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fourth Year</th>
<th>Complete coursework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester</td>
<td>Implement dissertation</td>
</tr>
<tr>
<td>October</td>
<td>Complete internship applications</td>
</tr>
<tr>
<td>February</td>
<td>Review internship site rankings with mentor</td>
</tr>
<tr>
<td></td>
<td>Submit internship site rankings</td>
</tr>
</tbody>
</table>
Inform mentor & DCT about internship placement
May
Receive formal feedback on progress

Fifth Year
Complete internship
Fall Semester
Defend dissertation
May
Receive formal feedback on progress
Summer
Petition for August graduation

INTEGRATION OF TRAINING GOALS AND PROGRAM REQUIREMENTS

The goal of the clinical program is to train clinical psychologists who can effectively function in applied clinical or research settings. This goal has been further developed into a list of competencies and the training activities that meet the competencies.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Related Training Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breadth in the theoretical and empirical underpinning of psychology</td>
<td>Required foundation courses&lt;br&gt;Department colloquia</td>
</tr>
<tr>
<td>Breadth and depth in psychological research</td>
<td>Required courses in research design and statistics&lt;br&gt;Research with faculty mentor&lt;br&gt;Department colloquia&lt;br&gt;Thesis&lt;br&gt;Dissertation</td>
</tr>
<tr>
<td>Breadth and depth in assessment and intervention</td>
<td>Required courses in assessment &amp; intervention&lt;br&gt;Six semesters of practica&lt;br&gt;Weekly PTCC meetings&lt;br&gt;Elective course work&lt;br&gt;Course related term papers&lt;br&gt;Monthly clinical program colloquia&lt;br&gt;Clinical qualifying examination&lt;br&gt;Predoctoral internship</td>
</tr>
<tr>
<td>Knowledge of the guidelines outlined in the APA Code of Ethics for Psychologist and the Standards for Providers</td>
<td>Courses in ethics and professional issues&lt;br&gt;Six semesters of practica&lt;br&gt;Weekly PTCC meetings&lt;br&gt;Monthly clinical program colloquia&lt;br&gt;Thesis (required IRB review, etc.)&lt;br&gt;Clinical qualifying examination&lt;br&gt;Student review&lt;br&gt;Dissertation (required IRB review, etc.)&lt;br&gt;Predoctoral internship</td>
</tr>
</tbody>
</table>
| Knowledge that allows for practice in an increasingly diverse society in a socially responsible manner | Complete course work  
Specific course in ethnic & minority issues  
Elective coursework  
Weekly PTCC meetings  
Monthly clinical program colloquia  
Diversity is discussed in most clinical courses  
Practica experiences with minority clientele  
Practica experiences with disabled clientele  
At least one practicum year at the Psychological Training and Consultation Center, this facility uses a sliding-fee scale and serves many clients of low/no income.  
Practicum instructors discuss the social implications of clinical work.  
Clinical qualifying examination |
|---|---|
| A commitment to life-long learning | Department colloquia  
Monthly clinical program colloquia  
Faculty model national involvement in the profession  
Students maintain memberships in professional organizations, attend professional meetings, and presenting their work at professional meetings. |

**STUDENT CONTRIBUTIONS TO PROGRAM FUNCTIONING**

I. Overview
Student input is highly valued. Clinical psychology program faculty want feedback from students. This feedback can help to shape the policies and procedures established by the clinical psychology program faculty. Major program changes are always evaluated in light of student feedback, and the following student organizations were designed to provide a vehicle for obtaining student input.

II. Clinical Student Association
All clinical students are members of the Clinical Student Association. Students contribute to the program and can address their concern through active participation in the Clinical Student Association. Suggestions for implementing change in the program, requests for special colloquia and speakers, and concerns related to student morale are often addressed by the Clinical Student Association. In addition, the Clinical Student Association helps with the implementation of several specific program tasks. For instance, members of the Clinical Student Association are
actively involved in the admissions process and often host social events that encourage the interaction among clinical students in different years of training. Finally, the President of the Clinical Student Association serves as a member of the Program Committee.

III. Program Committee
Current goals for the Program Committee are (1) provide a vehicle through which students can voice their concerns, (2) give feedback regarding curricular/program issues, (3) work with the clinical psychology program faculty to develop and implement curricular and program changes, and (4) maintain and monitor communication among faculty and students. The Program committee is composed of a representative from each of the four cohorts and the President of the Clinical Student Association. The chairperson for the program committee is the 4th year representative. The Director of Clinical Training serves as the faculty liaison to the program committee.

IV. Administrative Structure of the Clinical Program

V. General Comments

To reiterate, students can influence the clinical program policies and procedures in the following manner:
1. Talk with elected representatives of the Clinical Student Association
2. Talk with their clinical psychology program faculty mentor
3. Talk with their elected Program Committee representative
4. Talk with the Director of Clinical Training

**STRESS IN THE PROGRAM**

Clinical training can be stressful. The desire for clear directions is consistent with prior educational experiences, but clinical work is often ambiguous. Issues and problems can be defined slowly, and in an unfolding fashion. Another contributor to stress is the perception that students are under scrutiny. We want you to know we expect and want every student to
graduate. We fully expect you to complete the program. Feedback is provided throughout the
year and is not sprung on a student as a surprise. Sometimes it can be useful to get help dealing
with stress—the Central Michigan University Counseling Center located in Foust Hall offers a
limited number of free counseling sessions to all CMU students.

CLINICAL PSYCHOLOGY PROGRAM FACULTY MENTORS

Students are admitted to the program with the intent that they work with a specific clinical
psychology program faculty mentor. Clinical psychology program faculty mentors (1) help with
the adjustment to CMU's academic environment, (2) serve as the academic advisor, and (3)
actively function as research mentors. Students can change their clinical psychology program
faculty mentor by submitting a written request to the Director of Clinical Training; however,
every student must have a clinical psychology program faculty mentor and students are expected
to schedule regular meetings with their clinical psychology program faculty mentor.

Clinical psychology program faculty are bound by statements of confidentiality contained in the
Undergraduate Bulletin and the Graduate Bulletin. Every effort is made to relate to students in a
respectful way, but neither the clinical psychology program faculty nor the clinical psychology
program faculty mentor has a therapist/client relationship with students. It is essential that
clinical psychology program faculty exchange information about student functioning. The
clinical psychology program faculty use discretion in sharing information, but student-faculty
communication is not confidential in relation to other members of the clinical psychology
program faculty. A student can ask a faculty member whether specific information will or will
not be kept confidential and can expect an honest answer.

ETHICAL AND PROFESSIONAL BEHAVIOR

Graduate students follow the ethical standards published by the American Psychological
Association (American Psychologist, 47, 1597-1611). In addition, students should familiarize
themselves and comply with the Standards for Providers of Psychological Services published by
the American Psychological Association (American Psychologist, 42, 712-723). Students should
also be knowledgeable of two other sets of guidelines published by the American Psychological
Association: Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and
Culturally Diverse Populations (American Psychologist, 48, 45-48) and Record Keeping
Center (PTCC) Student Manual also provides information and resources relevant to professional
conduct and ethical behavior. Beginning the second year of the program all students must be
familiar with the material presented in the PTCC Student Manual.

All students will be involved in conducting research with human subjects. The Central Michigan
University Institutional Review Board reviews all such research. The most recent version of the
Policies and Procedures for Using Human Subjects in Research can be obtained by contacting
the Office of Research and Sponsored Projects, College of Graduate Studies, Central Michigan University.

ACADEMIC RESOURCES

1. Mainframe Access
Central Michigan University provides support for student use of the mainframe for email and general Internet accesses. Students must contact Computer Services at Central Michigan University to obtain an identification code and password. The Office of Technology regularly provides training in the use of these services. Students with modems can connect to the mainframe from home. Important program related information can be conveyed electronically; therefore, students are required to routinely check their CMU provided e-mail accounts.

2. Personal Computer Access
Central Michigan University and the Department of Psychology have labs that can be used for word processing, data analyses, e-mail, and Internet access. Information regarding these labs can be obtained from the clinical psychology program secretary.

3. Library: Centra, FirstSearch, and Interlibrary Loan
The library is service oriented. Centra is the Library's mainframe catalogue. It also includes three database search options. Students can easily find what is available on campus. In addition, students can have access to the catalogues of Michigan State University (75-minute drive), the University of Michigan (150-minute drive), and Wayne State University (200-minute drive). First Search can be accessed either in the library or from a remote terminal. It provides many different databases that can be searched, downloaded or forwarded to the library for Interlibrary loan. Interlibrary loan is free and provides access to almost any journal, but it takes time.

4. The Psychological Training and Consultation Center (PTCC)
Dr. Gerald B. Fuller founded the Psychological Training and Consultation Center in Sloan Hall in 1970. The mission was to train students enrolled in the applied graduate program within the Department of Psychology at Central Michigan University. Over the years the mission of the Center has changed to: (1) training students in the application of psychological science for resolving human problems, (2) providing "cutting-edge" psychological services to the residents of Central and North-Central Michigan, (3) conducting research on both the problems experienced by community residents and quality of services provided at the Center, and (4) disseminating information about advances in psychologically based interventions.

The PTTC is part of an interdisciplinary training clinic (i.e., the Carls Center) and is located in the Health Professional Building. The PTTC serves as the primary training site for students enrolled in applied graduate programs in the Department of Psychology and offers assessment and treatment services to infants, children, adolescents, adults, and the elderly. Depending on the specific area of concern, services can often be provided in individual, couple, family, or group formats. Various faculty members in the Department of Psychology have applied research programs that are housed in the PTCC. Students should obtain a copy of the Psychological
5. Useful Internet Websites

Central Michigan University (CMU): http://www.cmich.edu
This can give you email addresses of faculty and students, access to the library and various other information about the University.

Department of Psychology: www.chsbs.cmich.edu/psychology

Clinical Psychology Program: www.chsbs.cmich.edu/psychology/clinical/clin_prg.html

This can provide you access to many services and resources offered by APA.

Association of Predoctoral and Postdoctoral and Internship Centers (APPIC): www.appic.org
This is the organization that follows up internships and keeps data on the applicants who secure internship placement the prior year and disseminates relevant information.

Association of State and Provincial Psychology Boards (ASPPB): www.asppb.org
This organization keeps data on the results of the National Licensing Exam, the phone numbers of Psychology Boards of most states, and the requirements for licensure in each state.

FINANCIAL SUPPORT

I. Overview
The Graduate Bulletin describes various forms of financial support available though the University. The College of Graduate Studies has ranked increasing graduate student financial support as a priority. Students frequently obtain grants from the College of Graduate Studies for research support, presenting papers at conferences, and/or dissertation expenses. The Department of Psychology also views increasing graduate student financial support as a priority and each year supports as many graduate students as possible.

I. Type of Support

A. Doctoral Research Fellowships carry a cash stipend of about $9,900, a tuition waiver of about 30 credits, and a waiver for class related fees. The Board of Trustees sets the stipend yearly. An application and the posted application deadline are available from the Clinical Program Secretary.

B. Full-time Graduate Assistantships carry a cash stipend of about $9,050, a tuition waiver of about 20 credits, and library privileges. The Board of Trustees sets the stipend amount yearly. An application and the posted application deadline are available from the Clinical Program Secretary.
C. *Half-time Graduate Assistantships* carry a cash stipend of about $4,500, a tuition waiver of 20 credits, and library privileges. The Board of Trustees sets the stipend amount yearly. An application and the posted application deadline are available from the Clinical Program Secretary.

D. *Psychology Research Assistant Program* positions are also available for students who qualify for either Federal or State Work-study funds. The hourly rate depends on the duties assigned. Students generally become involved in research with a specific faculty member. Applications for Work-study are available at the Financial Aid Office.

E. *Grant and/or Contract*-related positions are also available. These positions result from grants or contracts obtained by clinical psychology program faculty. Individual faculty members select students to work on these externally funded projects.

F. Additional Graduate Assistantships are often available through other departments on campus (e.g., College of Graduate Studies, Office of Diversity, and Office of Student Life).

II. Procedures

A. Research Fellowships and Graduate Assistantships
   The psychology department is charged with determining the number of Doctoral Research Fellowships and Graduate Assistantships awarded to programs. On a yearly basis, the Psychology Department Executive Committee reviews these policies and procedures. Once the number of funded positions has been identified, the clinical psychology program faculty select students for funding. The steps in the selection process are:

   1. Psychology Department Executive Committee designates the number of positions awarded to each program.
   2. Graduate students submit applications.
   3. Clinical psychology program faculty review applicants and assign students to receive funding based on the following criteria:
      a. GPA and GRE scores
      b. Performance in coursework
      c. Research productivity
      d. Letters of recommendation for funding
      e. Match between applicant and faculty research interests
      f. Match between applicant and specific teaching and/or program needs

B. Other Funded Positions
   The guidelines for the remaining types of funded positions vary according to the funding source. Clinical psychology program faculty mentors can provide additional information about these positions.

C. General Comments
   Because there are typically more students to support than available funding, the selection process is competitive. Rejection of a position offered is considered rejection of financial support.
Financial support is not guaranteed for any student, and fourth-year students are typically not considered eligible for Research Fellowship or Graduate Assistantship positions. The expectation is that fourth-year students, having a limited license, will obtain a paid practicum as part of Practicum III. Some advanced practicum placements may also qualify for a tuition waiver of 20 credit hours of course work.

D. Summary of Students Supported (Fall, 2004)

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Target Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Fellowship</td>
<td>2</td>
<td>Students who demonstrate outstanding potential or performance</td>
</tr>
<tr>
<td>Full-time Graduate Assistantship</td>
<td></td>
<td>Generally reserved for students in the first three years of training</td>
</tr>
<tr>
<td>Half-time Graduate Assistantship</td>
<td>16</td>
<td>Reserved for students in the first four years of training</td>
</tr>
<tr>
<td>Psychology Research Assistantship Program</td>
<td></td>
<td>Students eligible for work study</td>
</tr>
<tr>
<td>Diversity Assistantships</td>
<td>3</td>
<td>Students with diverse ethnic backgrounds</td>
</tr>
<tr>
<td>Grant Supported Positions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>External Graduate Assistantship</td>
<td>3</td>
<td>Generally reserved for 4th year students</td>
</tr>
<tr>
<td>Graduate Assistantship funded through other On-Campus Departments</td>
<td></td>
<td>Available to all students</td>
</tr>
</tbody>
</table>

**POLICY ON OUTSIDE EMPLOYMENT**

Because clinical training at CMU is full time and program demands are extensive, the clinical psychology program faculty discourage outside employment. Outside employment for students awarded a Research Fellowship, a Graduate Assistantship, or a Teaching Assistantship is contrary to the intent of the funding. Funded students are not expected to seek or accept additional employment during the academic year. Academic requirements each semester plus a 10 to 20 hour per week assistantship/externship are a full life! It is wiser to acquire a loan, if necessary, than assume any additional burdens. Although the clinical psychology program faculty cannot dictate to students what they can do beyond the structure of the doctoral program, the clinical program does require that students who choose professional employment outside the program inform the Director of Clinical Training.

Students must adhere to all ethical and legal requirements regarding public representation of their credentials. See the APA ethical standards on avoidance of false or deceptive statements, and the Michigan Code regarding the legal use of the title "psychologist." Generally, students in a supervised setting that is a component of their program of study (e.g., the PTCC or contracted externships) refer to themselves as "Psychology Trainees." In contrast, students engaged in professional activities that are not a component of their program of study must use the job title designated by the employer (e.g., "Mental Health Counselor"). Further, in professional activities
not sanctioned by the program students must be very careful not to represent themselves as CMU graduate students engaged in activities related to their program of study. Students engaged in professional activities that are not components of the doctoral training program are not insured against claims of malpractice. Neither Central Michigan University nor the American Psychological Association student insurance plans cover a student for activities not sanctioned by the training program. The clinical faculty assume that students will use sound judgment in deciding to participate outside employment and not misrepresent their credentials or the involvement of the program in any such activities.

PART-TIME STUDY

Part-time study is ordinarily not permitted. An important part of the training involves being physically present for interactions and feedback among students and faculty. Part-time study tends to attenuate this interaction significantly, to the disadvantage of both the student and the program. Requests for part-time study must be submitted in writing to the Director of Clinical Training. The clinical psychology program faculty must approve the request.

LEAVE OF ABSENCE

Requests for a leave of absence from the program must be submitted in writing to the Director of Clinical Training. The rationale for the leave and the length of time being requested should be specified. Permission for a leave of absence requires approval from the clinical psychology program faculty. Students should be aware that the eight-year limit for completing program requirements typically remains in effect even when a leave of absence is approved.

STUDENT MESSAGES AND MAIL

Doctoral students have mailboxes in the faculty mailroom. Mail addressed to students, department memos, and clinical program announcements will be delivered to students at this location. The bulletin board outside the office of the clinical program secretary is also used to convey program-related information, as is e-mail.

STANDARD MEETING TIME

Courses are not scheduled between 11:00 am and 12:30 pm on Mondays. Colloquia, case presentation, program committee, and other required clinical program meetings are scheduled during this time. Students are required to keep their calendar free during this time period.

PRE-REGISTRATION FOR COURSES

Due to the small size of many graduate classes, decisions about whether a class is taught are based on pre-registration enrollment. If students do not pre-register, classes they want or need to take might not be offered.

TRANSFER OF PRIOR COURSE WORK
Students can transfer up to a maximum of 30 credits with equivalent courses. The following courses cannot be transferred: PSY 765 Ethics; PSY 790 & PSY 791 Practicum I; PSY 890 & 891 Practicum II; PSY 892-893 Practicum III; PSY 898 & PSY 899 Doctoral Dissertation; and PSY 990 & PSY 991 Internship. The requirements for waiving or transferring a course follow:

1. Students first discuss the likelihood of waiving the required course with their clinical psychology program faculty mentor.
2. A transfer request, available from the clinical program secretary, and supporting materials (e.g., course outline, texts used, bulletin descriptions) are then submitted to the appropriate instructor.
3. The instructor must approve the prior course as equivalent to the required course. “Equivalent” means that the student received a “B” or better grade in a course or courses whose content appears to cover at least 85% of the required course.
4. Students submit their course waiver or transfer requests to the Director of Clinical Training.
5. The Director of Clinical Training presents the request to the clinical psychology program faculty. The clinical psychology program faculty must vote to approve a course waiver or transfer.
6. Copies of transfer decisions are placed in the student’s file.

Satisfactory Progress

All students are required to show satisfactory progress through the program. Satisfactory progress is defined as achieving all program requirements in a timely manner including:

1. Achieving a grade of B- or better in all courses
2. Successful defense of a thesis
3. Passing the Clinical Qualifying Exam
4. Having an approved doctoral proposal prior to applying for internship
5. Satisfactory completion of an internship
6. Successful defense of a dissertation

Dismissal

Failure to maintain satisfactory progress, ethical violations (e.g., mistreatment of patients, mistreatment of research participants), and other inappropriate behaviors (e.g., plagiarism, destructive interpersonal relationships) will lead to action by the clinical psychology program faculty. Depending on the nature of the offense, actions might range from letters of warning to dismissal. Dismissing a student from the clinical program is an extraordinary action and only happens after the student has been given clear feedback about the difficulties and had opportunity to remedy the problem. Students always have the right to be heard and to appeal disciplinary actions.

Student Review Policy

The Graduate Bulletin presents the University’s Policies and Procedures relative to Academic Integrity and the Academic and Retention Standards for graduate students. This policy authorizes specific departmental requirements and recognizes the special responsibilities of clinical programs. Because of the nature of clinical work, the evaluation process associated with clinical training relies not only on academic proficiency as a gauge of competence, but ethical
behavior, good judgment, and other interpersonal factors associated with clinical work. The following provides information about the expectations and review procedures for students in the Doctoral Program in Clinical Psychology.

I. Procedures

A. Scheduling

A formal review of students by the clinical psychology program faculty is scheduled at least once each year and involves the entire clinical psychology program faculty. An unscheduled review may occur whenever a faculty member has reason to be concerned about a student's coursework, clinical skills, ethical behavior, or suitability (e.g., factors interfering with clinical work). This formal student review results in written feedback.

B. Criteria

In each scheduled review, students are evaluated using the Student Review Form (see Appendix E). The general criteria are described below:

1. The review of research productivity is based on student performance within their assigned research team. Peer-reviewed presentations at national conferences and peer-reviewed publications are also used to evaluate performance within this domain.
2. The review of clinical work is based on the mastery of skills needed to function adequately as an applied clinical psychologist. These include a demonstrated ability to (a) act appropriately and maintain good judgment; (b) maintain non-destructive relations with research subjects, patients, and peers; (c) the productive use of supervision, and behavior consistent with the guidelines specified in the Graduate Bulletin and the American Psychological Association's Ethical Principles for Psychologists.
3. The review of academic work is based on coursework completed.
4. Progress in meeting milestone events is based on the rate at which students complete program requirements. Students are expected to complete program requirements in five years. Failure to complete the program in eight years is grounds for dismissal. Students are evaluated at least annually until they either complete all program requirements or are dismissed from the program.

C. Clinical Program Faculty Action

The clinical psychology program faculty recognize students in training often experience situations that create common problems in adjustment. Minor difficulties may not require a formal notice; the clinical psychology program faculty mentor may be asked to discuss the concerns with the student. When a majority of the clinical psychology program faculty agree that serious difficulties are present, then one of the following actions will be taken:

1. A letter of advisement specifying the areas of concern will be sent to the student.
2. Practicum may be deferred for a year so the student may remedy the difficulties.
3. The student may be placed on probation, with all university support suspended.
4. The student may be dismissed from the program.
5. The Clinical psychology program faculty may decide to request that the Department of Psychology Chairperson write a letter dismissing the student from the program.

For items 2, 3, 4 and 5, the Director of Clinical Training contacts the student to discuss the intended action. This allows an opportunity for the student to provide information to the clinical psychology program faculty at the time of the decision. The Director of Clinical Training might delay action pending a further meeting in which this new information is shared. Should the Director of Clinical Training consider the new information not pertinent to the decision or should the clinical psychology program faculty, upon hearing the new information, maintain its prior decision, then the student will have the option to personally appeal the decision by presenting his or her position at a clinical psychology program faculty meeting. The student may present any relevant materials and may also be accompanied by a student, a faculty member, or one other person who has information directly relevant to the appeal.

At any appeal meeting the student will be informed of the clinical psychology program faculty’s concerns. The student will then be provided an opportunity to respond to these concerns. After hearing whatever relevant information is available, the clinical psychology program faculty will come to a decision based on the reasons and evidence presented at the meeting. If there is a decision to dismiss or suspend the student, a letter will be forwarded to the Chairperson of the Department of Psychology. Students are informed of any faculty decision in a timely fashion.

D. Final Appeal Procedure

Students can appeal the final clinical program decision by asking the Department of Psychology Chairperson to review the clinical psychology program faculty decision. The Department of Psychology Chairperson ensures that the student has correct information regarding the Department of Psychology and the University complaint procedures.

E. General Comment

Letters of probation are inherently stressful. Students who receive such letters are urged to discuss their situation with their clinical psychology program faculty mentor and/or the Director of Clinical Training. The essential operative mechanisms (additional requirements, deadlines, and consequences) are indicated in each letter (if appropriate).

STUDENT GRIEVANCES

Complaints and grievances should first be directed to the appropriate faculty member. If a satisfactory solution is not achieved, students should consult their clinical psychology program faculty mentor. If the concern remains unresolved, the student should meet with the Director of Clinical Training. The Director of Clinical Training may decide to refer the matter to the Department of Psychology Chairperson.

MINIMUM ENROLLMENT POLICY
To use CMU resources (e.g., computers, laboratories, equipment, and faculty) during the regular academic year, graduate students must be registered for a minimum of one credit hour. Students who no longer have additional credits required on their program can register to audit one Dissertation credit. Registering to audit the credit will not alter their grade-point-average or the number of credits. An "X" grade is shown on the transcript for audited courses. Computer Services enforces a portion of this policy and students not registered for classes during fall and spring semesters do not have access to university computing equipment. Students who are ABD and working on their dissertations should enroll for at least one credit hour each semester.

AUTHORIZATION OF DOCTORAL DEGREE PROGRAM

Prior to graduation students must complete an Authorization of Doctoral Degree Program form. This form is used by the College of Graduate Studies to ensure that the students have met the degree requirements. Copies of the most recent version of this form can be obtained from the clinical program secretary.
Appendix A

Practicum Instructor Preference Sheet
Practicum Instructor Preference Sheet

Name: ___________________________   Date: ___________________________

Prior to submitting this form you should discuss your practicum instructor preferences with your clinical psychology program faculty mentor.

<table>
<thead>
<tr>
<th>Practicum Instructor Preference</th>
<th>Rationale</th>
</tr>
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</tbody>
</table>
Appendix B

Practicum Site Preference Sheet
Practicum Site Preference Sheet

Name: ___________________________ Date: ___________________________

Prior to submitting this form you should discuss your practicum site preferences with your clinical psychology program faculty mentor.

<table>
<thead>
<tr>
<th>Practicum Site and Ranking</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Appendix C

Practicum Student
Clinical Training Evaluation Form
**Central Michigan University**  
**Department of Psychology**  
**Clinical Training Evaluation Form**

Student's name: ___________________________  
Date: ___________________________

Placement: ___________________________  
Dates of placement: ___________

Supervisor completing this form: ___________________________

Please rate the student using the following scale:

5 = exceptional (top 10%)  4 = better than average  3 = as expected for training level  2 = needs improvement  1 = severe deficits  NA = does not apply

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>A. Professional Characteristics</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Responsibility (e.g., in following appropriate procedures, completing work promptly, reliably, etc.)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>2. Ethics (e.g., knowledge and application of professional ethics, respect for confidentiality, etc.)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>3. Maturity (e.g., works independently, professional demeanor)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>4. Cooperation (e.g., with peers, other professionals, agencies, etc.)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>B. Response to Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Use of supervision sessions (e.g., effective presentation of therapy session, participation in group supervision, willingness to ask questions, etc.)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>6. Effectiveness of communication with supervisor</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>C. Clinical Skills: Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Acceptance of constructive criticism (e.g., receptivity to positive and negative critiques, use of suggestions, etc.)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>8. Knowledge base (e.g., tests, disorders, DSM)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>9. Interviewing skills</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>10. Test administration</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>11. Formulation of case/integration of data</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>12. Report writing</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>D. Clinical Skills: Intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Knowledge of theory, treatment outcome research, etc.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
</tr>
</tbody>
</table>
14. Rapport and interpersonal sensitivity with clients
   5  4  3  2  1  NA

15. Case conceptualization
   5  4  3  2  1  NA

16. Formulation of treatment plan
   5  4  3  2  1  NA

17. Implementation of treatment plan
   5  4  3  2  1  NA

E. General

18. Readiness to work with clients from diverse backgrounds
   5  4  3  2  1  NA

19. Overall level of clinical competence (for student's level of training & experience)
   5  4  3  2  1  NA

20. Openness to learning
   5  4  3  2  1  NA

21. Professional growth during placement
   5  4  3  2  1  NA
Summary

Student’s main strengths and assets:

Areas in need of improvement:

Explicit recommendations for future practicum training:

Date of termination of clinical practicum: _______________

Supervisor’s signature: __________________________________ Date: ______

Student’s signature: __________________________________ Date: ______

Please mail or fax completed form to: Donna Ronan, Ph.D., Director
Psychological Training and Consultation Center
Carls Center
Health Professions Building 2104
Mt. Pleasant, MI 48859
989-774-7895, fax
Appendix D

CMU Student Evaluation of Practicum Site & Supervisors
CMU Student Evaluation of Practicum Site & Supervisors

Site: ____________________ Supervisor: ____________________
Practicum completed (year): ________

Please respond to each question below.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Doesn't Apply</th>
</tr>
</thead>
</table>

I. Regarding the Supervisor

- Effectively manages time in meetings, meets promptly, when scheduled.
- Provides adequate amounts of constructive feedback.
- Facilitates and fosters a safe environment for exchange of ideas in supervision and other meetings.
- Assists in expanding skills in assessment and case conceptualization or diagnosis.
- Assists in expanding skills in developing intervention goals and strategies.
- Assists in expanding skills in report writing and documentation.
- Assists in expanding skills in assessment of client outcomes.
- Assists in expanding skills in other special areas (such as termination, referrals, or consultations with other providers).
- Stimulates consideration of alternative clinical perspectives.
- Recommends appropriate readings or other resources.
- Is accessible and responds in a timely and interested manner to requests for her time, reviews, revisions, signatures, and input.

II. Regarding the Site (Complete only for Site Supervisor’s Evaluation)

- There is adequate formal and informal guidance and information as needed regarding site-related issues, including the site’s procedures and policies.
- The site provides exposure to culturally or ethnically diverse clients.
- The site provides a good variety of other client demographics, diagnoses, and problem severity.
- Caseload is reasonable with appropriate consideration of number of cases, case intensity, and capabilities of the student.
- The work conditions (e.g., office space, equipment) are good.
- The financial compensation is adequate.
- The site provides exposure to working with non-psychologist providers.
- The site poses no added concerns about my personal safety.

III. Other Comments

*Note that anonymity may be difficult to guarantee – e.g., in small sites with few students.

*Return to the Director, Psychological Training and Consultation Center, CMU. Fax: 989-774-7895.
Appendix E

Clinical Training Record
Name: ___________________________ Current GPA: ______ Date: ______

Entering Class: ______ Initial Mentor: ___________ Current Mentor: ___________

Advisor Signature_________________________ Academic Year: ________________

I. MILESTONE EVENTS

Thesis title or topic: __________________________

Status of thesis: ____________________________ (mm/yyyy)

Proposal approved
Data collected
Data analyzed
Defended

Name of thesis adviser: ________________________

Status of clinical qualifying examination: Yes - Date of completion ____________

No

Dissertation title or topic: __________________________

Status of dissertation: ____________________________ (mm/yyyy)

Proposal approved
Data collected
Data analyzed
Defended

Name of dissertation adviser: ________________________

Professional Organization Memberships: ______________________________

II. RESEARCH PRODUCTIVITY (IF MORE THAN LISTED ATTACH SEPARATE SHEET)

Presentations at Professional Conferences Date
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Publications Date
________________________________________________________________________
________________________________________________________________________

Grants/Contracts Date
________________________________________________________________________
### III. PRACTICUM DOCUMENTATION

1. Psychological Interventions and assessment:

   **a. Individual Therapy**
   
<table>
<thead>
<tr>
<th></th>
<th>Total hours face-to-face</th>
<th># of different individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Older Adults (65+)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Adults (18-64)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Adolescents (13-17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) School-Age (6-12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Pre-School Age (3-5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Infants / Toddlers (0-2)</td>
<td>Total hours face-to-face</td>
<td># of different groups</td>
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<tr>
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<td></td>
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</tbody>
</table>

   **b. Group Therapy**
   
<table>
<thead>
<tr>
<th></th>
<th>Total hours face-to-face</th>
<th># of different groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Adolescents (13-17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Children (12 and under)</td>
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</tbody>
</table>

   **d. Family Therapy**
   
<table>
<thead>
<tr>
<th></th>
<th>Total hours face-to-face</th>
<th># of different groups</th>
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</table>

   **e. Couples Therapy**
   
<table>
<thead>
<tr>
<th></th>
<th>Total hours face-to-face</th>
<th># of different groups</th>
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</table>

   **f. School Based Interventions**
   
<table>
<thead>
<tr>
<th></th>
<th>Total hours face-to-face</th>
<th># of different groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Consultation</td>
<td></td>
<td></td>
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<tr>
<td>2) Direct Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other (Specify: )</td>
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</tbody>
</table>

   **g. Other Psychological Interventions**
   
<table>
<thead>
<tr>
<th></th>
<th>Total hours face-to-face</th>
<th># of different groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Medical / Health - Related Interventions</td>
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<td>3) Intake Interview / Structured Interview</td>
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<tr>
<td>4) Substance Abuse Interventions</td>
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<tr>
<td>5) Other interventions (e.g., milieu therapy, treatment planning with the patient present.)</td>
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   **h. Psychological Assessment Experience**
   
   1) Psychodiagnostic test administration (Include symptom assessment, personality assessment, achievement, intelligence, and career assessment), and providing feedback to clients/patients.

   2) Neuropsychological Assessment (Include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment.)
1. **Other Psychological Experience with Students and/or Organizations:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours (Face-to-Face)</th>
<th># of Different Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Supervision of other students</td>
<td></td>
<td></td>
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<tr>
<td>2) Program Development/Outreach Programming</td>
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<td></td>
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<tr>
<td>3) Outcome Assessment of programs or projects</td>
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<td></td>
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<tr>
<td>4) Systems Intervention / Organizational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation / Performance Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Other (Specify:)</td>
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</tbody>
</table>

Add the number of hours included in 1a through 1i above:

<table>
<thead>
<tr>
<th>Total Hours (Face-to-Face)</th>
<th>Total Hours (Face-to-Face)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

2. **SUPPORT ACTIVITIES** - How much time have you spent in support activities related to your intervention and assessment experience? This item includes activities spent outside the counseling/therapy hour while still focused on the client/patient (e.g., chart review, writing process notes, consulting with other professionals about cases, video/audio tape review, time spent planning interventions, assessment interpretation and report writing, etc.). In addition, it includes hours spent at a practicum setting in didactic training (e.g., grand rounds, seminars).

<table>
<thead>
<tr>
<th>Total Support Hours</th>
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<tbody>
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</tbody>
</table>

3. **SUPERVISION RECEIVED** - How much time have you spent in supervision?

a. Hours spent in one-on-one, face-to-face supervision:

b. Hours spent in group supervision:

c. Hours of peer supervision / consultation and case discussion on specific cases:

<table>
<thead>
<tr>
<th>Total Supervision Hours (add 3a, 3b, and 3c)</th>
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</thead>
<tbody>
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</table>

Have you audio or videotaped clients/patients and reviewed these tapes with your clinical supervisor?

<table>
<thead>
<tr>
<th>Audio Tape Review</th>
<th>Videotape Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

4. **SUMMARY OF PRACTICUM HOURS**

a. Total Intervention and Assessment Hours (item 1):

b. Total Support Hours (item 2):

c. Total Supervision Hours (item 3):

<table>
<thead>
<tr>
<th>Grand Total</th>
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</table>

5. **TREATMENT SETTINGS** - How many practicum hours have you spent in each of the following treatment settings?

Child Guidance Clinic

______
Community Mental Health Center
Department Clinic (psychology clinic run by a department or school)
Forensic / Justice setting (e.g., jail, prison)
Inpatient Hospital
Outpatient Medical / Psychiatric Clinic & Hospital
University Counseling Center / Student Mental Health Center
Schools
Other (Specify: )
Specialty Clinics

Total Hours in all Treatment Settings

What is your experience with diverse populations in a professional therapy / counseling capacity?

Race / Ethnicity
African-American / Black / African Origin
Asian-American / Asian Origin / Pacific Islander
Latino-a / Hispanic
American Indian / Alaska Native / Aboriginal Canadian
European Origin / White
Bi-racial / Multi-racial
Unknown

Sexual Orientation
Heterosexual
Gay
Lesbian
Bisexual
Unknown

Disabilities
Physical / Orthopedic Disability
Blind / Visually Impaired
Deaf / Hard of Hearing
Learning / Cognitive Disability
Developmental Disability
Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders, severe developmental disabilities)
Other (specify: )

6. CLINICAL WORK EXPERIENCES – What other clinical experiences have you had?

______________________________________________________________________________

______________________________________________________________________________

7. TEACHING EXPERIENCES- What is your teaching experience?
Teaching Assistant _______ Semesters
Course Instructor _______ Semesters
Please list courses taught:

______________________________________________________________________________

______________________________________________________________________________
SECTION 5: PROFESSIONAL CONDUCT

Please answer **ALL** of the following questions with "YES" or "NO":

1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing/certification board?

2. Have you ever been suspended, terminated, or asked to resign by a training program, practicum site, or employer?

3. Have you ever been convicted of a crime?

If you answered "Yes" to any of the above questions, please attach an explanation on a separate sheet of paper.
Appendix F

Student Review Form
Student Review Form

Name: ________________________  Date: __________

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Acceptable</td>
<td>Below Average</td>
<td>Average</td>
<td>Above Average</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

1. Research productivity  ______

2. Clinical work  ______

3. Academics  ______

4. Progress with milestone events  ______
Appendix G

Policy on Blood Borne pathogens
Policy on Blood Borne Pathogens

The University takes potential contact with blood borne pathogens very seriously. The following is taken from a letter about this issue from the President of Central Michigan University. The concerns expressed apply to all students in training.

Blood borne pathogens are disease-causing microorganisms that may be present in human blood. They may be transmitted with any exposure to blood or other potentially infectious material. Central Michigan University makes every effort to assure that all employees have a safe work environment. The risk of exposure to blood borne pathogens in the workplace is a current concern for those University faculty, staff, student employees and student interns who have reasonably anticipated contact with blood or other potentially infected material as a result of performing their job duties.

Two significant blood borne pathogens are Hepatitis B Virus and Human Immunodeficiency Virus. One in twenty Americans has the Hepatitis B Virus. Fourteen people die each day from Hepatitis B related illnesses, including cirrhosis and cancer of the liver. It is estimated that one in every two hundred and fifty persons in the United States is infected with Human Immunodeficiency Virus. The epidemic is spreading most rapidly among heterosexuals. The risk of exposure to blood borne pathogens in the workplace should not be underestimated.

Central Michigan University is committed to the implementation of a campus-wide Exposure Control Plan and full compliance with the Federal Occupational Safety and Health Administration Blood Borne Pathogens Standard. The Exposure Control Plan is designed to protect employees from the health hazards associated with exposure to blood borne pathogens. It also provides for appropriate treatment and counseling should an exposure to blood borne pathogens occur in the workplace.

Because you will be having contact with the public either as a practicum student providing clinical services, as a human subject researcher, or as an instructor in a course, the University requires that you be aware of the risks of blood borne pathogens. If someone is bleeding, DO NOT make contact with the blood and call appropriate backup such as public safety on Campus or supervisory personnel off campus.

A medical emergency no longer means just providing medical assistance to the ill or injured. The providers must have received and developed the skills and knowledge to prevent the scion of blood borne diseases such as Hepatitis B Virus, Hepatitis C Virus, and Human Immunodeficiency Virus. The Hepatitis B Virus causes hepatitis, a potentially fatal liver disease and Human Immunodeficiency Virus causes Acquired Immunodeficiency Syndrome. Both of these diseases can enter the body through the mucous membranes or through large or small breaks in the skin, such as a hangnail.

At the University, the most common exposure to blood borne pathogens will be when a person with an open sore or injury comes into contact with infectious material or fails to
wear the proper personal protective equipment. If in the course of your job you have or suspect you have had an exposure incident CONTACT YOUR SUPERVISOR AND THE UNIVERSITY HEALTH SERVICES (after hours contact REDICARE or Central Michigan Community Hospital) IMMEDIATELY, so treatment may begin at once.

Remember it takes only one exposure to contact a blood borne pathogen; however, it is possible to protect yourself by knowing the facts and taking proper precautions.

For All Medical Emergencies:
- Call 911 and explain the emergency, your location, and your phone number and always be the last one to hang up.
- Position people to guide emergency responders to the scene of the accident.
- The Central Michigan University Public Safety number is 774-3081.
- Stay calm.