

VERIFICATION OF PRACTICA & INTERNSHIP

Applicant's name: _____

This form is to be completed by a person authorized to do so by the university and sent directly to the NSRP.

Documentation of Internship (I)
Practicum (P)

Applicants are evaluated in terms of knowledge and skills acquired through a graduate program in psychology. In addition to coursework in psychology the applicant is expected, as part of the graduate program, to have completed some practice in psychology. Please complete the following information for each placement/practice program undertaken by the applicant to complete requirements for the graduate program. (Use additional pages if necessary).

Course # and Name _____
This course was an I ____ P ____
Date placement began _____ Date placement completed _____
Number of hours completed during placement _____
Name of placement setting _____
Primary placement supervisor _____
Professional qualifications of supervisor _____

Course # and Name _____
This course was an I ____ P ____
Date placement began _____ Date placement completed _____
Number of hours completed during placement _____
Name of placement setting _____
Primary placement supervisor _____
Professional qualifications of supervisor _____

Course # and Name _____
This course was an I ____ P ____
Date placement began _____ Date placement completed _____
Number of hours completed during placement _____
Name of placement setting _____
Primary placement supervisor _____
Professional qualifications of supervisor _____

I certify that the above placements were completed as part of the applicant's graduate program requirements.

Signature _____ Date _____
Name _____ Position _____
Title _____ University _____
Address _____
Phone _____

Send to:
The Nova Scotia Regulator of Psychology
Email (Preferred route): nsbep@nsbep.org
Fax: 902-423-0058
Mail & Courier: 103-287 Lacewood Dr., Suite 331 Halifax NS B3M 3Y7