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CAPIC

100 Ellinwood Way,

Suite N275h

Pleasant Hill, CA  94523

[925-969-4550](tel:925-969-4550)

[capicadmin@capic.net](mailto:capicadmin@capic.net)

[www.capic.net](http://www.capic.net)

**DOCTORAL INTERNSHIP and POSTDOC Program/Agency Site Visit Report**

**Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visit Type** *(check one)***:**  **New Site/Application**  **Quality Assurance Review**

**CAPIC Program Type** *(check only one)***:**  **Doctoral Internship**  **Postdoc**  **Both**

**Internship Type(s)** *(check all that apply)***:**  **HT-1 Year**  **HT-2 Year**  **Full-time**

**Site Visitor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_**

**Year Agency became a CAPIC Member:** \_\_\_\_\_\_\_\_\_\_\_\_ *(N/A if a new application)*

**Director of Training/Primary Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Students Listed as Accepted to the Site - School/Program – Year/Level Present**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

**Additional Students Present - School/Program – Year/Level**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Update:** Note any significant changes in programs or training personnel**.**

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**TRAINING PROGRAM**

**Characteristics of Training Program:**

References are to the Doctoral Internship or Postdoctoral online Extended Agency Profile (EAP)

1. Yes No I have reviewed the Extended Agency Profile (EAP) and determined that it is complete,

Accurate, and in compliance with CAPIC criteria and best practices.

1. Yes No The mission, goals and objectives are consistent with what is written on the EAP.
2. Yes No (If applicable) Does the internship training differ from the practicum training program?

*If so, how: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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1. Yes No The responsibilities and functions of the intern are consistent with the EAP.
2. Yes No The clinical services are consistent with what is described on the EAP.
3. Yes No Research possibilities exist for students and they are consistent with the EAP.
4. Yes No The assessments training provided is consistent with what is described on the EAP.
5. Yes No Training meets CAPIC supervision criteria and is consistent on the EAP.

*(10% of total time worked each week and includes two-hour minimum face-to-face supervision by a licensed psychologist for FT and one-hour minimum for HT).*

1. Yes No Training meets CAPIC didactic training criteria and is consistent with the EAP.

*(10% spent in didactic activities; cross-cultural training; training in range of assessments and interventions)*

1. Yes No The Multicultural Training provided, consistent with the EAP.
2. Yes No Agency offers a stipend. $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_.
3. Yes No Formal performance evaluations occur at least 2x/year.
4. Yes No Diversity in client population and staff.
5. Yes No Supervisors observe (live/videotape) interns client session at least1x per year.
6. Yes No N/A  If this is a 2-year HT internship, is there a description on file to show that the

training program is sequential and graded in complexity across the two years?

*If so, how: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Current Paperwork:**

1. Yes No All contracts are submitted to graduate programs of interns.
2. Yes No All BOP SPE forms submitted to CA BOP.
3. Yes No Up to date with all intern or postdoctoral evaluations.

**Site Experiences** *(please check all that apply)***:**

**Assessment Counseling**   Educational  Educational

Psychological  Vocational

Vocational  Social

Neurological

**Psychotherapy Specialized Techniques**

Short-Term Hypnotherapy

Intensive  Biofeedback

Moderate-Long Term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group

Couple

Evidence Based/Empirically Supported

**Other training**

Observation  Program Evaluation/Research

Consultation  Program Development/Admin

Behavior Therapy  Brief Treatment

Community Outreach/Education  Crisis Intervention

Therapeutic Community  Supervision of Paraprofessional

Group Living/Day Care  Multicultural

Outcome Measurement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment of Training Program:** Note strengths and weaknesses or concerns in supervision, case conferences, seminars and other program or training issues. (Please attach a separate sheet if needed.)

Strengths:

Weaknesses:

Additional comments:

**In Compliance**  **Remediation Needed** *(Provide details in Additional Comments section)*

**Remediation Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**