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CAPIC

100 Ellinwood Way,

Suite N275h

Pleasant Hill, CA  94523

 925-969-4550

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**.**

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

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