

# 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 NSBEP.

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 Board of Examiners in Psychology**  
5991 Spring Garden Road, Suite 455  
Halifax, NS B3H 1Y6  
**Phone:** 902-423-2238  
**Fax:** 902-423-0058