



DEPARTMENT *of* PSYCHOLOGY

College of Arts & Sciences

EAST TENNESSEE STATE UNIVERSITY

ACKNOWLEDGMENT and UNDERSTANDING

I have attended the **Graduate Student Orientation given by the East Tennessee State University School of Graduate Studies** on *(date of orientation)* _____ where their handbook and policies were reviewed. Furthermore, I acknowledge that I have read the ETSU Graduate Studies handbook and policies and am in agreement with them.

Signed name _____ Date _____

I have attended the **East Tennessee Department of Psychology's Clinical Psychology** orientation for Graduate Students on *(date of orientation)* _____ where the Department of Psychology Handbook and policies were reviewed.

- I acknowledge that I have read the ETSU Psychology Handbook. It is my understanding that I am to familiarize myself and comply with the policies, procedures, and forms contained therein and to ask the Director of Clinical Training for any areas that I need to have clarified.
- I understand that policies, forms, and procedures contained in the handbook are subject to change and that I will be informed of these changes.
- I understand that this form will be kept on file in the Clinical Psychology Office in my personal file.

My signature attests to my agreement and understanding of the statements above.

Signed name _____ Date _____

ETSU Clinical Psychology PhD Program
Signature Form for Portfolio Review

I, _____ (Print Graduate Student Name), acknowledge that I have to the best of my ability completed all sections of the portfolio as outlined in the ETSU Clinical Psychology Ph.D. Program Handbook and have reviewed this document and received feedback from my Primary Academic Advisor. I understand that this acknowledgement form and my portfolio should be submitted to the Clinical Psychology Executive Aide (by the end of the fall academic semester) and will be reviewed by faculty as part of my annual review in the spring academic semester.

Signatures:

Graduate Student

Date

Primary Academic Advisor Date

**EAST TENNESSEE STATE UNIVERSITY
PHD IN PSYCHOLOGY: CLINICAL CONCENTRATION
APPOINTMENT OF PRIMARY ACADEMIC ADVISOR**

Student Name _____ E# _____

The Primary Academic Advisor as indicated below was designated during a conference with the student

on _____
Date Name of Primary Academic Advisor

Student Signature

Primary Academic Advisor Signature

Director of Clinical Training Signature Date

CHANGE OF ACADEMIC ADVISOR

I hereby request the following change in academic advisor:

From: _____
Advisor Name Advisor Signature and Date

To: _____
Advisor Name Advisor Signature and Date

Student Signature and Date

Director of Clinical Training Signature and Date

**EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
CLINICAL GRADUATE PROGRAM
FORM TO REQUEST TO SIT FOR THE CLINICAL CAPSTONE PROJECT
AND APPOINTMENT OF THE ADVISORY COMMITTEE**

STUDENT: _____ ID#: _____
(Print)

Case Type: ___ Vignette Provided ___ Actual Case of Student ___ Actual Case of Supervisor

Client Age: ___ Male ___ Female ___ Low SES ___ Middle SES ___ High SES

Client Race/Ethnicity: _____

Presenting Problems: _____

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Key Elements of Client History: _____

Key Elements of Family/Social History: _____

Signatures affixed below constitute acceptance of the advisory committee assignments and case selection.

Chair, Advisory Committee (Print)	Signature	Phone number	Date
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Committee Member (Print)	Signature	Phone number	Date
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Committee Member (Print)	Signature	Phone number	Date
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If desirable, a Clinical Supervisor may be named and consulted by the student in preparation for the Exam.

Consulting Clinician (Print)	Signature	Phone number	Date
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Student (Print)	Signature	Phone number	Date
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Approval Granted: ___ Yes ___ No If "No," reason: _____

Director of Clinical Training (Print)	Signature	Phone number	Date
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**EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
CLINICAL GRADUATE PROGRAM
RESULTS OF THE CLINICAL CAPSTONE PROJECT**

STUDENT: _____ ID#: _____
(Print)

WRITTEN PRESENTATION

- 1) the integration of case/client background and history;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 2) symptoms and presenting problems;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 3) diagnostics and assessment;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 4) theoretical framework, which includes at least two
 alternate theoretical conceptualizations;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 5) treatment considerations, including evidence based
 approaches;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 6) treatment plan, including short, mid-range, and long-
 term goals;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 7) individual and cultural differences;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 8) ethical issues and,
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 9) outcome information and assessment.
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL

Notes:

ORAL PRESENTATION

- 1) the integration of case/client background and history;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 2) symptoms and presenting problems;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 3) diagnostics and assessment;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 4) theoretical framework, which includes at least two
 alternate theoretical conceptualizations;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 5) treatment considerations, including evidence based
 approaches;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 6) treatment plan, including short, mid-range, and long-
 term goals;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 7) individual and cultural differences;
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 8) ethical issues and,
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL
- 9) outcome information and assessment.
 ___ PASS ___ CONDITIONALLY PASS ___ FAIL

Chair, Advisory Committee (Print)

Signature

Date

Committee Member (Print)

Signature

Date

Committee Member (Print)

Signature

Date

Director of Clinical Training (Print)

Signature

Date

Results Accepted: ___ Yes ___ No

If No, reason: _____

**EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

Program of Study for the Master's Degree en route to the Clinical Psychology Ph.D.

Name: _____

This is an example of the form that must be completed through the School of Graduate Studies: these are the required courses that should be included

Field of Study: _____

Concentration: _____

(Please Type or Print)

Course ID Number	Course Title	Grade	Credit Hours	Semester Completed or to be Completed	Transfer * Credit	Substitute Course	Office Use Only
PSYC5000	Broad & General Foundations in Psychology		3				
PSYC5010	Advanced History & Systems in Psychology		3				
PSYC5040	Rural Research and Practice		3				
PSYC5100	Legal and Ethical Issues in Psych		3				
PSYC5210	Statistical Methods		3				
PSYC5220	Personality and Psychotherapy Models		3				
PSYC5410	Correlation & Multiple Regression		3				
PSYC5707	Advanced Behavioral Neuroscience		3				
PSYC5817	Intro to Psychological Measurement		3				
PSYC5825	Psychopathology		3				
PSYC5830	Psychological Assessment I: Adult		3				
PSYC5850	Psychological Assessment II: Child		3				
PSYC5870	Interviewing Techniques in Psychology		3				
PSCY5910	Clinical Psychological Clerkship		2				
PSYC5960	Thesis		6				
Total number of hours required for degree-----			47				

* Non-ETSU transfer credit must be approved before it can be shown on the program of study.

Student's Signature: _____

Date: _____

Approved: _____
Advisory Committee Chair

Date: _____

Approved: _____
Director of Clinical Training

Date: _____

**EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
CLINICAL GRADUATE PROGRAM
FORM TO DOCUMENT APPOINTMENT OF THE
PRE-DOCTORAL PRELIMINARY PROJECT ADVISORY COMMITTEE**

STUDENT: _____ ID#: _____
(Print)

NOTE: See Student Handbook for Full Requirements.

Signatures affixed below constitute acceptance of the advisory committee assignments.

Chair, Advisory Committee (Print)	Signature	Phone number	Date
Committee Member (Print)	Signature	Phone number	Date
Committee Member (Print)	Signature	Phone number	Date
Committee Member (Print)	Signature	Phone number	Date

If needed, an additional consulting (non-voting) committee member may be named (see above and Handbook).

5 th Committee Member (Print)	Signature	Phone number	Date
Student (Print)	Signature	Phone number	Date

Approval Granted: Yes No If No, reason: _____

Director of Clinical Training (Print)	Signature	Phone number	Date
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**EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
CLINICAL GRADUATE PROGRAM**

PRE-DOCTORAL PRELIMINARY PROJECT PROPOSAL MEETING OUTCOME

STUDENT: _____ ID#: _____
(Print)

PROPOSAL MEETING RESULTS

Note: See Student Handbook.

_____	_____	_____	_____
Chair, Advisory Committee (Print)	Signature	Phone number	Date
_____	_____	_____	_____
Student Name (Print)	Signature	Phone number	Date
_____	_____	_____	_____

Results Accepted: ___ Yes ___ No If No, reason: _____

_____	_____	_____	_____
Director of Clinical Training (Print)	Signature	Phone number	Date

**EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
CLINICAL GRADUATE PROGRAM**

RESULTS OF THE PRE-DOCTORAL PRELIMINARY PROJECT DEFENSE

STUDENT: _____ ID#: _____
(Print)

DEFENSE MEETING RESULTS

The Student ___ PASSED ___ CONDITIONALLY PASSED ___ FAILED the Written Component.

The Student ___ PASSED ___ CONDITIONALLY PASSED ___ FAILED the Oral Component.

Notes:

_____ Chair, Advisory Committee (Print)	_____ Signature	_____ Phone number	_____ Date
_____ Committee Member (Print)	_____ Signature	_____ Phone number	_____ Date
_____ Committee Member (Print)	_____ Signature	_____ Phone number	_____ Date
_____ Committee Member (Print)	_____ Signature	_____ Phone number	_____ Date

Results Accepted: ___ Yes ___ No If No, reason: _____

_____ Director of Clinical Training (Print)	_____ Signature	_____ Phone number	_____ Date
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**EAST TENNESSEE STATE UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

Program of Study for the Doctoral Degree in Psychology: Clinical PhD

Name: _____
 St This is an example of the form that must be completed through the School of Graduate Studies: these are the required courses that should be included

Field of Study: _____ Concentration: _____

(Please Type or Print)

Course ID Number	Course Title	Grade	Credit Hours	Semester Completed or to be Completed	Transfer * Credit	Substitute Course	Office Use Only
PSYC 6600	Rural Case Oriented Learning & Preceptorship		3				
PSYC6870	Evidence-based Interventions		3				
PSYC7000	Doctoral Preliminary Project		3				
PSYC7010	Clinical Psychology Practicum		5				
PSYC7100	Primary Care Psychology I		3				
PSYC7110	Primary Care Psychology II		3				
PSYC7500	Cultural Anthropological Application to Rural Practice		3				
PSYC7910	Clinical Externship		4				
PSYC7960	Dissertation		12				
PSYC7980	Pre-Doctoral Internship		3				
One of the following: NRSE 5303 PSYC 5407 PHYT 6102	Psychopharmacology Psychopharmacology Pathophysiology		3-4				
PSYCXXX	Guided Elective		3				
PSYCXXX	Guided Elective		3				
Total number of hours required for degree-----			51-52				

* Non-ETSU transfer credit must be approved before it can be shown on the program of study.

Student's Signature: _____ Date: _____

Approved: _____ Date: _____
 Primary Academic Advisor

Approved: _____ Date: _____
 Director of Clinical Training