

**PSYCHOLOGY SERVICES CENTER
REQUEST TO EXTEND CLINICAL EXPERIENCE BEYOND PRACTICUM**

Student Name _____

Current Practicum Site _____

Date Practicum Terminates _____

Purpose of extension:

Number of clients you will be continuing to service _____

Name of direct supervisor who will provide supervision beyond practicum:

Is this supervisor licensed as a psychologist in the State of Florida? _____

Is this a different supervisor than previously assigned at this site? _____

THIS EXTENSION WILL EXPIRE ON _____.

(Limit of 4 months per extension. If renewal is required, please come to the Clinical Training Office for a new form).

Student Signature

Date

Program Director/Supervisor

Date

Ana Martinez, Psy.D.
Director of Clinical Services

Date

Approved: Director of Clinical Training

Date

