MERCER UNIVERSITY

DEPARTMENT OF CLINICAL PSYCHOLOGY

Student Handbook

Academic Year
2026 - 2027

This *Student Handbook* is intended to offer a framework of the intended professional student learning environment provided by the Department of Clinical Psychology faculty and staff. It is also provided to inform students of both their rights as students *and* their obligations and responsibilities. This *Student Handbook* does not constitute a contract, expressed or implied, between any applicant, student, faculty, or staff member and either Mercer University, the College of Health Professions (CHP), or the Department of Clinical Psychology. The University and College *Student Handbooks* supersede this *Student Handbook*. Updates and changes are made as necessary to the *Student Handbook*; become effective whenever the University, College, or Department administration so determine; and will apply to both prospective students and those already enrolled. The Mercer University Department of Clinical Psychology reserves the right to make changes to policies and procedures without notice as necessitated by governing authorities or administrative needs.

Student Responsibility Form

Please complete at the PsyD Program orientation on August 14th, 2026.

Name: _____

Advisor: _____

I have received an electronic copy of the Mercer University Clinical Psychology *Student Handbook*. I understand that it is my responsibility to read and understand the requirements and procedures detailed in this *Student Handbook*. I also understand that I am responsible for following through on the program requirements and procedures.

I also acknowledge that it is my responsibility to read and understand the requirements and procedures detailed in the *Student Handbooks* at the College level, which can be found on the Department Canvas page, and the University level, which can be found here: https://provost.mercer.edu/resources/handbooks/student-handbooks/.

Signed: _____ Date: _____

Program Information

Vision

Mercer University's Department of Clinical Psychology will be a nationally recognized leader in evidence-based training in integrated health care.

Mission

The mission of the Department of Clinical Psychology is to prepare psychologists as integrated health care practitioners who contribute to and apply scientific knowledge of human behavior to benefit individuals, systems, and society.

Core Values

We endorse and promote the core values of the College of Health Professions and the ethical principles of psychologists, including beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for people's rights and dignity.

Profile of a Graduate

The Mercer University Clinical Psychology graduate will demonstrate:

1. Foundational knowledge of the core domains of the science of psychology, including affective, biological, cognitive, developmental, and social aspects of behavior, and history and systems of the discipline.
2. Understanding of psychological science, the research methodology involved in generating knowledge, and the scientific foundations of the practice of psychology.
3. Knowledge, relational skills, and technical skills involved in evidence-based assessment, diagnosis, intervention, and consultation.
4. The ability to impart knowledge and skills to trainees and to colleagues along with the ability to assess the acquisition of such knowledge and skills.
5. Understanding of research and clinical practice within a context of ethical and professional attitudes, values, and standards that include self-reflection, self-assessment, and self-care.
6. Understanding of dimensions of diversity that impact personal and professional interactions with diverse individuals, groups, and communities.
7. Understanding of the perspectives of other health care disciplines and an ability to collaborate effectively in interprofessional activities to promote individual, institutional, and/or systems level change.

Program Outcomes

The mission of Mercer's Program in Clinical Psychology is to prepare psychologists as integrated health care practitioners who contribute to and apply scientific knowledge of human behavior to benefit individuals, systems, and society.

To this end, we aim to produce:

1. Graduates with broad and general training in the science of psychology grounded in the biopsychosocial model. This aim reflects discipline-specific knowledge of history and

systems of psychology, basic content areas in scientific psychology, research and quantitative methods, and advanced integrative knowledge in scientific psychology.

a. Competency: Substantial discipline-specific knowledge of affective, biological, cognitive, developmental, and social aspects of behavior
b. Competency: Substantial knowledge of history and systems of psychology
c. Competency: Substantial understanding and competence in advanced integrative knowledge of affective, biological, cognitive, developmental, and social aspects of behavior
d. Competency: Substantial understanding and competence in research methods
e. Competency: Substantial understanding and competence in quantitative methods
f. Competency: Substantial understanding and competence in psychometrics

2. Graduates who understand that the competent practice of psychology occurs in broad contexts that encompass diverse cultures, ethical/legal standards, and professional attitudes and values. This aim reflects profession-wide competencies.
    a. Competency: Research – Demonstrate the integration of science and practice in health service psychology
    b. Competency: Ethical and legal standards – Demonstrate ethical and legal standards in increasingly complex situations with a greater degree of independence across levels of training following the APA Ethical Principles of Psychologists and Code of Conduct, as well as relevant laws and regulations
    c. Competency: Individual and cultural diversity – Demonstrate sensitivity to human diversity and the ability to deliver high quality services to a diverse population
    d. Competency: Professional values and attitudes – Demonstrate professional values and attitudes in increasingly complex situations with a greater degree of independence across levels of training
    e. Competency: Communication and interpersonal skills – Demonstrate communication and interpersonal skills in increasingly complex situations with a greater degree of independence across levels of training
    f. Competency: Assessment – Demonstrate evidence-based assessment with a greater degree of independence across levels of training
    g. Competency: Intervention – Demonstrate evidence-based intervention with a greater degree of independence across levels of training
    h. Competency: Supervision – Demonstrate knowledge of supervision models and practices
    i. Competency: Consultation and interprofessional/interdisciplinary skills – Demonstrate knowledge and respect for the roles and perspectives of other professions

Our program was developed with careful attention to the Guidelines and Principles of Accreditation, now known as the Standards of Accreditation for Health Service Psychology. We anticipate that graduates will engage in a broad range of activities in health care environments that may include, but are not limited to, service delivery, consultation, program evaluation, and education and training of health care professionals. As such, graduates may contribute in traditional mental health settings as well as in a greater range of health care environments. The **practitioner-scholar** emphasis in our curriculum prepares students to apply research literature and contribute to the knowledge base and practice of the profession, consistent with the Doctor of Psychology (PsyD) degree.

Description of the Program

The Doctor of Psychology (PsyD) Program in Clinical Psychology prepares psychologists to become integrated health care leaders who reflect the Mercer traditions of liberal learning, professional knowledge, discovery, service, and community. The program of study is full-time and involves a minimum of 4 years (12 semesters) of coursework and 1 year of predoctoral clinical internship. Required courses involve 100 credit hours.

Core Faculty
Michelle M. Robbins, *Department Chair and Clinical Professor*
Mark A. Stillman, *Director of Clinical Training and Clinical Professor*
Mary Beth McCullough, *Assistant Director of Clinical Training and Assistant Professor*
Andrew J. Kelly, *Associate Professor of Practice*
Gail N. Kemp, *Assistant Professor*
Hannah Lee, *Clinical Assistant Professor*

Accreditation
Mercer University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award baccalaureates, master's, and doctoral degrees.

The Doctor of Psychology (PsyD) Program at Mercer University is fully accredited by the American Psychological Association (APA) Commission on Accreditation. The program will have this accreditation status until its next site visit in 2032.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Policies and Procedures

General Information

The Department of Clinical Psychology has adopted the policies described below. These policies describe what is expected of you as a student. It is your responsibility to familiarize yourself with the information presented in this *Student Handbook*, along with the other information available in the *College of Health Professions Student Handbook* and the *University Student Handbook* (https://provost.mercer.edu/handbooks). The *University Student Handbook* and *College of Health Professions Student Handbook* supersede all information provided in this *Handbook*.

The policies in this *Handbook* have evolved through a continual process of feedback, discussion, and exchange among students, faculty, and administrators. The present policies will be supported and adhered to by both students and faculty until changed or amended through appropriate channels.

Academic Policies and Procedures

Student Rights and Responsibilities
This code seeks to promote high standards of behavior and academic integrity by setting forth the responsibilities of students as members of the University community. Abiding by the code ensures a climate wherein all members of the University community can exercise their rights of membership.

Code of Conduct
Mercer University strives to be a *Community of Respect* where everyone is held in mutual high regard. Standards of conduct are based on the values of mutual respect:

Respect for Academic Integrity. We value a community that encourages an academic atmosphere. We believe that honesty is important to learning.

Respect for Other Persons. We value the worth of every individual in the community, and we respect the dignity of each member in the community. We take responsibility for the consideration of the rights of others.

Respect for the University Community. We value showing respect for the rights and property of others. We take responsibility to act to maintain University property.

Respect for Community Authority. We acknowledge and value our privileges and rights as members of the University community. We take responsibility for acting to uphold community standards.

Attendance
Mercer's PsyD program is delivered through in-person instruction, and attendance is expected for all scheduled classes, laboratories, seminars, and clinical experiences. Because doctoral education relies heavily on discussion, collaboration, clinical skill development, and professional interaction, regular attendance is an essential component of successful learning and professional preparation.

Attendance itself does not constitute a graded component of any course; however, absences may affect students' ability to achieve course learning objectives and demonstrate competence on course assessments. Students remain responsible for all material, announcements, assignments, and learning experiences missed because of an absence. Repeated absences, tardiness, or failure to communicate appropriately regarding attendance may be considered evidence of concerns related to the APA competency of Professional Values and Attitudes and may result in a referral to a Student Professional Development and Support (SPDS) Committee, as detailed below.

NOTE: Faculty must still report student attendance for the first week of the semester, as is required by the Office of Financial Aid. Failure to attend class at the beginning of the semester may interfere with the disbursement of financial aid funds.

Tardiness

Professional psychologists are expected to be reliable, punctual, and prepared. Therefore, students are expected to arrive on time, be seated, and be prepared to begin class when the scheduled class period starts. Occasional unavoidable delays may occur; however, repeated tardiness is inconsistent with professional expectations because it disrupts both the student's own learning and the learning environment for classmates. A pattern of repeated tardiness evidences concerns related to the APA competency of Professional Values and Attitudes and may result in a referral to an SPDS Committee, as detailed below.

Communicating About Absences

The Department recognizes that students may occasionally experience circumstances that prevent attendance. The purpose of this policy is not to penalize students who experience legitimate illness, emergencies, or other unavoidable circumstances, but rather to promote the professional responsibility of communicating with instructors and maintaining consistent engagement in doctoral training.

Whenever possible, students are expected to notify the course instructor before the missed class. When advance notice is not possible because of an unforeseen circumstance, students should contact the instructor within 24 hours of the missed class.

Communication regarding an absence should briefly explain the circumstance (without requiring unnecessary personal details) and acknowledge the student's responsibility for obtaining course materials, completing missed work, and fulfilling any course requirements associated with the missed class. Students are expected to obtain notes from classmates, review materials posted by the instructor, and complete any assigned work independently. Faculty are not expected to repeat lectures or provide individualized instruction to replace missed class sessions.

University-Approved Excused Absences

The Clinical Psychology Department's attendance policy is in accordance with Mercer University policy, which specifies:

> "Special attendance policies pertain to students who observe religious practices; can document illnesses, family emergencies, or military obligations. The disposition of missed assignments will be arranged between instructor and student. If a mutually satisfactory solution is not reached, the right to establish a reasonable alternative is reserved to the instructor. Students who feel that their academic performance will be compromised by the alternative

arrangement may appeal to the Office of the Dean of the college or school providing the course to review the instructor's decision" (*Mercer University Catalog 2024-2025*, p. 93).

Accordingly, University-approved excused absences include religious observances, documented illness, documented family emergencies, military obligations, and hazardous weather conditions that reasonably prevent travel to campus.

Students should notify instructors as early as possible regarding anticipated absences related to religious observances or military obligations. For illness, family emergencies, or hazardous weather, students should contact the instructor as soon as reasonably possible and generally within 24 hours of the missed class. Students who anticipate repeated absences because of chronic medical or mental health conditions or disabilities should work with the Office of Access and Accommodations to determine appropriate accommodations. Approved accommodations will be implemented in accordance with University policy. Students with documented disabilities will be allowed virtual attendance to class if granted by their specific accommodations.

Professional Values and Attitudes Competency

Graduate education prepares students for professional practice. Consistent attendance, punctuality, accountability, and effective communication are important expressions of the APA competency in Professional Values and Attitudes. Accordingly, concerns regarding attendance will generally be addressed through the following progressive process. The purpose of this process is to identify barriers to student success, encourage professional responsibility, and provide support when appropriate.

Attendance Concerns

Attendance concerns will be addressed progressively as follows:

- **First Attendance Concern**
  - A first occurrence of an uncommunicated absence, repeated tardiness, or other attendance concern will result in a discussion between the instructor and the student regarding departmental expectations for attendance and professional communication.
- **Second Attendance Concern**
  - A continued pattern of attendance concerns, including a second uncommunicated absence or continual tardiness, will result in the instructor notifying the student's academic advisor in writing of the concern, prompting the student to arrange a meeting with their academic advisor to discuss contributing circumstances and to develop a plan to support successful participation in the program. The student's failure to follow up with their advisor *within one week* to arrange a meeting time will result in a referral to an SPDS committee for lack of professionalism.
- **Continued Attendance Concerns**
  - Students who continue to demonstrate an ongoing pattern of absences (even if communicated), repeated tardiness, and/or failure to communicate professionally regarding attendance will be referred to an SPDS Committee.

The Department recognizes that individual circumstances vary. Faculty may consider the nature, frequency, communication, and context of attendance concerns when determining an appropriate response. Nothing in this policy limits the Department's ability to accelerate or

modify the response when circumstances warrant additional support or when professional concerns are particularly significant.

Ultimately, students are expected to demonstrate the reliability, accountability, and professional communication expected of psychologists in training. Consistent attendance and timely communication with instructors are essential components of those professional expectations.

Professional Conduct

In addition to the usual academic challenges, doctoral students must demonstrate personal maturity, emotional stability, social competence, ethical standards, and professional demeanor befitting a psychologist. These dimensions are assessed formally through departmental review of graduate students. Clinical students are in a professional training program, and those who do not behave in a professional manner throughout their training may be dismissed from the program. Examples of unprofessional behavior include frequently arriving late for classes, supervision, clinical appointments with clients, or other professional meetings; excessive defensiveness with supervisors or instructors; rude, disrespectful behavior with faculty, classmates, or clients; and intoxication on campus. Evidence of unethical behavior in research, clinical work, or classes (e.g., cheating on exams, plagiarism) is also grounds for Program dismissal.

Personal Problems

As stated in APA's "Ethical Principals of Psychologists and Code of Conduct":
"Psychologists refrain from initiating an activity when they know, or should know, that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner. When Psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties."

The Department takes a similar position with regard to psychologists-in-training. Examples of personal problems include, but are not limited to, substance abuse, maladaptive social behaviors, untreated mental or physical health issues, and dishonesty in dealing with peers, supervisors, clients, or others.

Standards of Performance

Each candidate for a Doctor of Psychology degree must secure credit, in the approved courses of the curriculum, totaling 100 semester hours. All Clinical Psychology courses require a minimum grade of "B" or "S" for Satisfactory. In addition, students may earn no more than two different course grades of "C" or "C+." A student may repeat a maximum of two different courses to improve a letter grade of "C" or "C+" to "B" or higher. Earning a second "C" or "C+" in the same course, or earning a "C" or "C+" in a third course, will result in an automatic dismissal from the Program. Should a course be repeated, all grades received in that course are used in the computation of the grade point average. Students not meeting minimum academic standards are placed on academic warning or probation, as defined below.
Any course grade of "F" or "U" for Unsatisfactory is considered failing, will not count toward degree requirements, and will result in an automatic dismissal from the program.

Grade Appeal Procedure

A student has the right to file an appeal if there is disagreement with the final grade that has been awarded in a course. Full procedures for student grievances are outlined in the *Mercer University Student Handbook*.

Academic Progression

Any grade of "F" or "U" is inconsistent with satisfactory academic progression in the PsyD Program. Satisfactory progression in the PsyD Program for each year of enrollment is defined as a minimum cumulative grade point average of 3.00 as well as:

- By the end of Year 1, successful completion of all first-year courses and demonstration of student knowledge, clinical and interpersonal skills, and attitudes required to participate in an initial (Year 2) practicum experience.
- By the end of Year 2, successful completion of all first- and second-year courses and demonstration of student knowledge, interpersonal skills, attitudes, clinical assessment and/or intervention skills for entry into a further year of practicum, and clinical competency portfolio assessment report and reflection.
- By the end of Year 3, successful completion of all first- through third-year courses and practica; dissertation proposal; and clinical competency portfolio intervention report, case presentation, and reflection, all required for eligibility to apply for predoctoral internship in the fourth year.
- By the end of Year 4, successful completion of all coursework, practica, and research activities required to begin internship, including the doctoral clinical dissertation.
- By the end of Year 5, successful completion of all coursework, practica, research activities and the doctoral clinical dissertation, and the predoctoral internship.

Mercer University's Department of Clinical Psychology does not offer a terminal master's degree. At the end of Year 2 in the PsyD Program, students who have earned a "B" or higher or an "S" in all required coursework and practicum experiences, totaling 63 credit hours, will receive a non-terminal master's degree. The conferral of this degree symbolizes competent progression toward the Doctor of Psychology degree, which is the degree required for licensure as a clinical psychologist.

Academic Warning, Probation, and Dismissal

Academic Warning

The first semester that a student receives a course grade of "C" or "C+," the student will be referred for a Student Professional Development and Support (SPDS) Committee and placed on academic warning.

Academic Probation

Upon receiving a second "C" or "C+" for a course grade, the student will be referred for another SPDS Committee and placed on academic probation.

Academic Dismissal

A student will be permanently dismissed from the program upon receiving a third letter grade of "C" or "C+" in any course or a second "C" or "C+" in the same (repeated) course. Also, a student will be immediately dismissed from the Program with any course letter grade of "F" or "U." Note that a third referral to an SPDS committee for any reason, academic or otherwise, will result in an automatic dismissal from the Program.

Length of Degree and Residency

A student seeking the Doctor of Psychology degree must complete all program requirements within seven years from the start of the Program. The time requirements begin when students formally enroll in their first graduate course. Please note that leaves of absence count toward the seven-year time frame. Any student not enrolled in courses is withdrawn from the graduate Program unless prior approval for a leave of absence has been obtained from the Program

Director. According to Mercer University policy, absence for more than one semester requires readmission to the University. Students in the Program are required to spend at least four years in residence for coursework and clinical practica prior to attending a one-year, predoctoral internship. Program residency allows students to develop clinical skills and scholarship, benefit from peer socialization and support, and have access to core faculty and practicum supervisors who conduct ongoing assessment of student competencies. During Year 2 of coursework, students begin their first practicum placement. They complete two additional years of clinical practicum in Year 3 and Year 4. Students are required to have completed at least two years (six semesters) of practicum before being allowed to apply to the internship Match.

Leave of Absence Policy

The *University Student Handbook* describes procedures for administrative or medical withdrawals on page 16 (https://provost.mercer.edu/handbooks).

Advisement

Students are assigned to faculty members throughout the Department who serve as their advisors when they begin the Program. At the beginning of their second year, students complete a form rank ordering their advisor choices from among the core faculty. The Program will attempt to match students with their first or second choice, although, depending on faculty workload, sometimes students receive their third choice.

- Students will meet with their faculty advisors after fall and spring semesters to receive formal departmental feedback on their progression in the Program.
- Students will meet with their faculty advisors as needed for academic counseling or personal and professional discussions.

Admission to Doctoral Candidacy

A student is admitted to doctoral candidacy after: (1) meeting expectations on assessments of discipline-specific knowledge (DSK) of Research Methods, Statistical Methods, and Psychometrics; Affective, Biological, Cognitive, Developmental, and Social Psychology; and Advanced Integrative Knowledge; and (2) successful completion of one year (three semesters) of practicum training.

Clinical Internship

Students complete one full year (or its equivalent) of a clinical predoctoral internship approved by the Director of Clinical Training (DCT) for the Mercer Clinical Psychology Program. The clinical internship consists of no fewer than 2000 clock hours. Students are expected to complete training at APA-accredited internship training programs, and requests to apply to unaccredited programs are considered by the DCT on an individual basis. These programs must hold APPIC membership as well as follow APPIC requirements for internship (https://www.appic.org/Joining-APPIC/Members/Internship-Membership-Criteria) and the State of Georgia licensing requirements. If students are seeking an exception to the requirement for internship programs to be APA-accredited, they are responsible for providing the following information to the DCT, who will evaluate the site for its adequacy in meeting the required standards:

a. The nature and appropriateness of the training activities,
b. Frequency and quality of supervision,
c. Credentials of the supervisors,
d. How the internship evaluates student performance,
e. How interns demonstrate competency at the appropriate level, and
f. Documentation of the evaluation of its students in its student files.

Deadlines for Internship Application
(all dates are before that year's internship application cycle)

- ***June 1st –*** Successful completion of oral defense of dissertation proposal and the written document, including any required revisions
- ***September 1st –*** Successful completion of all components of the Clinical Competency Portfolio (CCP)

Application for Graduation
Students who expect to qualify for graduation must file applications for graduation with the Registrar's Office in the semester prior to completing degree requirements.

Note: Students should indicate that they will graduate in the summer term, when they complete their internship and when their PsyD degree is conferred, even if they were permitted to walk in the spring commencement ceremony.

Degree Requirements

1. Completion of the Doctor of Psychology curriculum (totaling 100 credit hours) with grades of at least "B" or "S" in each course.
2. Successful demonstration of professional performance standards throughout the student's career in the Clinical Psychology program.
3. Successful completion of practica, content area examinations, portfolio of clinical competencies, internship, and dissertation.
4. Recommendation by the faculty of the Clinical Psychology program with final verification by the Department Chair.
5. Payment of all financial obligations to the University.

Final Academic Check & Recommendation for Graduation
The Office of the Registrar checks academic records and clears for graduation those students who have met all degree requirements. The Registrar's office notifies students of their status in that regard and grants clearance for graduation.

Commencement Participation & Awarding of Diplomas
Students who have met all degree requirements are eligible to participate in commencement. If students are on an internship that ends during the summer semester after commencement, they are eligible to walk if: 1) all other requirements are completed and 2) the internship director indicates that the student is likely to finish the internship successfully. Diplomas are not distributed at commencement. Degree conferral will occur after the internship ends. Graduates are notified of the availability of diplomas for pick up at the Office of the Registrar.
Note: In order to participate in the spring commencement ceremony, only internship credit hours can be taken in the summer semester.

Student Progress

Scaling on milestone assessments of discipline-specific knowledge and profession-wide competencies is as follows:

Scale	Minimum Levels of Achievement
1. In need of additional instruction 2. Basic knowledge and competencies 3. Intermediate knowledge and competencies 4. Advanced knowledge and competencies 5. Functioning as entry-level professional	**Discipline-Specific Knowledge** Earning 80% or above on assessment in applicable course; should be at 4 or above on evaluation rubric after taking the applicable course. **Profession-Wide Competencies** 1st year students - should be at 2 at the end of their second semester. 2nd and 3rd year students - should be between 3 and 4. 4th year students - required to be 4 or above.

Biannual Review
After each fall and spring semesters, the Student Progress and Advancement Committee (SPAC) reviews each student's grades, practicum evaluations, DSK assessment results, progress on the clinical competency portfolio, research mentor reports, and academic advisor reports. Students are assessed after both fall and spring semesters, with formal ratings using the Student Progression Rubric provided after the spring meeting. Academic advisors: (1) complete an evaluation form of each student's functioning in the domains of academics, clinical work, professionalism, and research and (2) review the evaluations with their students. Students who do not meet developmentally appropriate requirements are referred to an ad hoc committee composed of core faculty to develop a remediation plan for student improvement (see the Student Professional Development and Support section below).

Discipline-Specific Knowledge (DSK) Assessments
Students complete assessments in applicable courses for discipline-specific content areas in affective, biological, cognitive, developmental, and social aspects of behavior; advanced integrative knowledge; history and systems of psychology; research methods; statistical methods, and psychometrics. Students must earn at least 80% on the assessments to meet expectations for DSKs. Students who demonstrate discipline-specific knowledge on course assessments receive scores of 4 or above on those DSK areas on student annual evaluations.

Clinical Competency Portfolio
Students demonstrate their clinical competencies via a Clinical Competencies Portfolio (CCP), a comprehensive assessment designed to evaluate Doctor of Psychology students' competencies throughout their clinical training in the Program. Competencies are evaluated via assessment and intervention write-ups, case presentation, practicum evaluations, and self-reflection. More information on the CCP can be found in the Clinical Competency Portfolio Guidelines section of the *Handbook*.

Clinical Dissertation
Students are scaffolded via coursework and guidance from their dissertation chair through the process of developing a dissertation proposal, defending the proposal, completing the

dissertation project, and orally defending the dissertation project. Students are evaluated on these key benchmarks using Department-created rubrics. The clinical dissertation covers the profession-wide competency of research. More information on the dissertation can be found in the Dissertation Guidelines section of the *Handbook*.

Student Professional Development & Support (SPDS)

Students are sometimes referred to an ad hoc support committee of two faculty members. This Student Professional Development and Support (SPDS) committee's goal is to assess and guide students in improving their academic performance and professional competencies by creating a remediation plan with clear expectations and deadlines for completion of remediation. The committee may hold hearings on student issues specific to professional or academic requirements and recommend actions that may include (but are not limited to) student advisement, remediation, probation, or dismissal. If remediation actions are not satisfied by the student or the student has a second referral, the committee may impose probationary conditions with explicit requirements and a timeline for removal from probation. After a second SPDS committee referral, another infraction that would typically be referred to a third SPDS will instead result in dismissal from the program. The SPDS committee will determine any consequences that will result from student noncompliance with probation requirements. If remedial actions are not sufficiently achieved by the student, or if remediation is not appropriate in the event of a severe student conduct violation, the committee may recommend that a student be dismissed from the Program.

Other examples of issues for which students may be referred to an SPDS committee include but are not limited to:

- The student receives a grade below B.
- The student repeatedly has been identified as having significant difficulties with professional writing skills.
- The student fails to satisfactorily progress through the Program or has fallen more than one year behind in their approved program of study.
- The student is dismissed by a practicum site.
- The student receives an *Incomplete* in a practicum seminar.
- The student fails to meet expectations on a DSK assessment.
- The student presents significant concerns in professional development or conduct including:
    - Unethical conduct.
    - Serious violations of program policy.
    - Problems with fitness to practice or engagement in training.
    - Unprofessional demeanor or behavior.
    - Serious difficulties with professional judgment.

The chair of the SPDS committee documents specific issues and concerns that were discussed in the meeting, the student's plans to address such issues, and the committee's recommendations for additional steps that can be taken by the student to promote student success, remediation, and other actions. A copy of this written summary is forwarded to the student, the student's academic advisor, the Chair of the Student Progress and Advancement Committee, and the Department Chair and is maintained in the student's academic file.

Record Keeping

The Program keeps paper copies of students' files for seven years. After that time, student files are scanned and kept electronically. It is the responsibility of the student to keep course syllabi for licensure purposes. It is recommended that students use a service, such as the Association of State and Provincial Boards' credential bank service (https://asppb.net/credentials-related-records/credential-banking/).

Admission Requirements

Students are admitted for a program of study that begins in the fall semester. The deadline for receipt of applications for fall enrollment is January 1. Qualified applicants are invited for interviews and either offered admission or placed on a waiting list until all positions have been filled. The Clinical Psychology Program participates in the Centralized Application Service, known as PsychologyCAS (formerly PSYCAS). Admission requirements must include:

- An online admission application through PsychologyCAS
- Completion of a bachelor's degree from a regionally-accredited U.S. institution or recognized international institution
- An undergraduate major in psychology (preferred) or a minimum of 12 semester hours completed among psychology coursework prior to application (recommended: *Introductory Psychology*, *Abnormal Psychology*, *Developmental Psychology*, and *Statistics or Research Methods)*
- A minimum GPA of 3.0 (on a 4-point scale)
- Official transcripts from each college and university previously attended sent directly from the institution to PsychologyCAS, for all undergraduate and graduate work.
- Three letters of recommendation, one preferred from an academic professor or supervisor in the field of psychology.
- A personal statement describing educational and career goals in psychology
- A curriculum vitae/resume
- Optional Graduate Record Examination (GRE) General Test scores sent directly from ETS to PsychologyCAS using Institutional Code: 2019. Completion of the GRE Psychology subject area test is recommended, particularly for non-psychology majors

The most qualified applicants with complete files will be invited to a personal interview with Mercer PsyD Program faculty.

International applicants must comply with the College's policy regarding international coursework and TOEFL scores. This information is available on the College's website.

Transfer Credit

Course credit for as many as nine (9) semester hours of prior graduate psychology courses may be awarded. Transfer credits will be awarded when the course being evaluated meets all the following criteria:

1. All transfer credit must be awarded during the student's first academic year in the doctoral program.
2. Courses that meet the criteria defined by the APA Standards of Accreditation as discipline-specific knowledge will be considered for transfer. Specifically, these are: *Biological Bases of Behavior*, *Cognitive and Affective Processes*, *Social Psychology and*

Social Neuroscience, *Lifespan Developmental Psychology, History and Systems*, *Research Design*, *Psychometric Theory and Assessment*, and *Statistical Methods*. Courses that are comparable to electives offered in our Program will also be considered for transfer. Course content and learning outcomes must be comparable for any course transfer request to be approved. Courses that meet the criteria defined by the APA Standards of Accreditation as profession wide competencies will only be considered for transfer from other doctoral clinical psychology programs in rare cases.

3. It was completed no longer than five years before the student's first enrollment in the program.
4. A grade of B or higher was received. A grade of P (pass) or CR (credit) or other such grades cannot be accepted as equivalent.
5. The course is not offered solely in an online format.

Procedure for Transfer Credit

The student must provide the Department Chair with the transfer credit request form and attach the required documentation (syllabus and transcript). The Department Chair will distribute the request to the appropriate instructor of the course, who will consider the quality/rigor, currency, standardization, and fairness of the method of establishing the knowledge of courses being evaluated. The Department may require the student to provide further documentation and supporting material or to demonstrate acquired knowledge or competency using our course assessments. The resulting evaluations are reviewed by the Department Chair who makes the final determination.

Background Checks and Drug Screenings

Drug and background checks are required for all Clinical Psychology students as part of their participation in service learning, clinical experiences, and clinical internships. Students will incur charges associated with the background and drug check(s). Once admitted to the program, the students are required to have a drug screen and background check completed in the summer prior to New Student Orientation. If either test is deemed positive by the verification company, the matter will be brought before the Program's Admissions Committee for review. The student's acceptance could possibly be reversed and the student not allowed to matriculate based on the results of these evaluations. Neither the University nor the Clinical Psychology Program will be held liable for a student's failure to graduate or obtain a state license due to a positive criminal background check and/or failed drug screen. Repeat criminal background checks and drug screens may be required as determined by the Clinical Psychology Program or clinical site.

Confidentiality of Clinical Records

All clinical records and patient materials are considered privileged and confidential. As part of a student's training, student trainees provide clinical services to patients at Mercer University and at other off-site practicum placements. Each practicum placement site, including Mercer University sites, maintains Policies and Procedures governing the confidentiality of client records. Provisions relating to patient confidentiality are specifically incorporated into this Policy by reference.

Confidentiality of Education Records

Student Rights Pertaining to Education Records

The Family Educational Rights and Privacy Act (FERPA) affords students at Mercer University certain rights with respect to their education records. These rights include:

1. The right to inspect and review a student's education records within 45 days of the day the Office of the Registrar receives a request for access. The student should submit to the Registrar a written request that identifies the record(s) the student wishes to inspect. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. If the Registrar does not maintain the records, the student shall be advised of the correct official at the University to whom the request should be addressed.

2. The right to request the amendment of the student's education records that the student believes is inaccurate. The student should write the Registrar, clearly identify the part of the record he/she wants changed, and specify why it is inaccurate. If the University decides not to amend the record as requested by the student, the Registrar or other appropriate official, if the record is maintained by another office, will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A "school official" is a person employed by the University in an administrative, supervisory, academic, research, or support staff position (including law enforcement personnel and health staff); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

4. The right of a currently enrolled student to request that his/her "directory information" not be released by Mercer University. The University at its discretion and without the written consent of the student may release "directory information" which includes the following items: student name, address, telephone number, date and place of birth, academic program, dates of attendance, degrees and honors received, most recent previous institution attended and participation in officially recognized activities and sports. A student request for nondisclosure of the above items must be filed with the Office of Registrar.

5. The right to file a complaint with the US Department of Education concerning alleged failures by Mercer University to comply with the requirements of FERPA. The name and address of the office that administers FERPA are: Family Policy Compliance Office, US Department of Education, 400 Maryland Avenue, SW Washington, DC 20202-4605.

Ethical Principles and Code of Conduct

Students are required to learn and comply with the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct, which is specifically incorporated into this Policy by reference. The Ethic Principles and Code may be viewed at http://www.apa.org/ethics/code/index.aspx. During coursework, practicum, and internship training, faculty and supervisors will conduct evaluations of the student, which include an assessment of the student's ethical behavior. Further, the *Professional Issues & Ethics* course is devoted to student acquisition and integration of competencies in ethics and professionalism into the professional practice of psychology.

Students also are made aware of licensing requirements for Psychologists in Georgia and the Ethical Principles and Code of Conduct of the Georgia State Board of Examiners of Psychologists, which is specifically incorporated into this Policy by reference. The state licensure rules and requirements for psychologists may be viewed online at: https://sos.ga.gov/georgia-state-board-examiners-psychologists.

Student Professionalism Policy

The Clinical Psychology Program at Mercer University adheres to the *APA Ethical Principles and Code of Conduct of Psychologists.* These principles and code exist to promote integrity, competency, and responsibility in the field of psychology. Students enrolled in the Program are regarded as "psychologists-in-training." As such, students are expected to adhere to these principles and code as the primary requirements for professional behavior in the classroom, in clinical settings, and in the community. Students will be called upon from the start of the program to exercise high ethical standards, including a high standard of confidentiality and respect for patient information.

The dynamic interplay between the standards of *academic honesty, clinical competence,* and *interpersonal integrity* shapes the ethical nature of the student training experience. Given the clinical nature of the program, it is the ethical obligation of faculty to monitor student progress in academic, research, and clinical performance, as well as the level of professionalism directed toward self, colleagues, peers, faculty, and community. Any concerns regarding a student in any one of these areas will result in faculty addressing the concern with the individual student and other faculty members.

The *Graduate Honor System of Mercer University* also sets forth the guiding requirements for academic honor for all graduate students at the University. The *Graduate Honor System of Mercer University* is administered by the Graduate Honor Council. The most recent version of this Code can be located at https://provost.mercer.edu/office-of-the-provost/honor-system/.

Plagiarism and Cheating

Mercer University strives to be a community of respect that includes respect for academic integrity. Students operate under an honor system and will exhibit the values of honesty, trustworthiness, and fairness regarding all academic matters. Students, faculty, and staff are expected to report any violations in the forms of, but not limited to, cheating, plagiarism, and academic dishonesty to the honor council appropriate for their campus and program. Procedures related to Honor Systems

and Academic Integrity are outlined in the specific handbooks for each campus and can be found on the Provost website at https://provost.mercer.edu/resources/handbooks/.

Financial Assistance

Students obtain financial assistance through the Office of Financial Aid. The Department attempts to provide financial assistance to our students through the Federal Work Study program. Students who have completed a FAFSA and are eligible for federal aid may receive work study funds through their roles as research, teaching, or graduate assistants in the Department. Students not eligible for federal aid may still serve in those roles on an unpaid basis. Students will be notified about these opportunities from Departmental communication (e.g., emails, town halls). Other information about financial aid can be found here: https://financialaid.mercer.edu/.

Graduate Assistantship Guidelines

The award of a graduate, research, or teaching assistantship carries with it high expectations of helpfulness, responsibility, professionalism, and ethical standards.

- Students participating in an assistantship will complete a contract with their supervisor to specify mutual expectations regarding duties and hours
- Weekly hours consist of up to 8 hours per week through end of semester exams
- Students accurately submit their hours worked and tasks completed in Workday for approval
- Assistantship duties are to be considered a priority over other nonacademic work
- Assistants are expected to be available at the convenience of the assigned supervisors and are expected to notify their supervisor as soon as possible if illness or other conflicts interfere with work expectancies in any way
- Assistantships may be terminated at any time due to such things as poor academic or work performance, general unavailability of the student to complete assistantship hours satisfactorily, violations of policy, and unethical or inappropriate behavior

Health and Immunizations

Students will complete the Student Record of Immunizations and Health Screening prior to matriculation in the program. If any series of immunizations are in progress (e.g., hepatitis B series), timely completion is required, with notification to the Student Health Center on the Atlanta campus (https://campushealth.mercer.edu/) and the Department of Clinical Psychology Academic Support Specialist. Annual tuberculosis (TB) screening is required to continue in the practicum placements. Students are responsible to keep track of due dates for annual physical examinations, future immunization requirements (i.e., tetanus boosters), and TB screenings. Appropriate planning for appointment times is required by the student to meet these requirements.

Any concerns related to safety of the immunizations or screenings regarding specific health issues (medical conditions, pregnancy, etc.) should be discussed with your personal physician. Failure to meet requirements due to these concerns may prohibit involvement in practicum placements, thus stopping progression within the program. These situations will be handled on a case-by-case basis by the Department Chair, the Director of Clinical Training, and the Program's Student Progress and Advancement Committee, in consultation with the College's Associate

Dean. Students are expected to read ang sign the *Required Vaccination Exemption Acknowledgement Form* upon beginning the Program.

Influenza Vaccination

All students in the Clinical Psychology Program receive an annual influenza vaccination during each fall semester. The CDC emphasizes to clinicians the urgency of vaccination for people who care for people at higher risk for influenza-related complications. The requirement is consistent with the CDC recommendation, as during clinical experiences, clinical internships, and service-learning students are in contact with higher risk populations. Further, an increasing number of clinic sites require students to have this vaccination before starting the practicum. Students who are allergic to the vaccination will need to have medical documentation of this and may be required to follow other procedures to prevent transmission.

Health Insurance

All students enrolled at Mercer University are automatically enrolled in a student health insurance program each semester, and the premium is billed to your account. Please check with the Bursar's Office for the most current information: https://bursar.mercer.edu/studentinsurance/

Outside Work Activities

As this Program is full-time, any outside activities (including work) must not conflict with Program requirements and responsibilities. All students will complete an *Outside Employment Student Acknowledgement Form* that will be signed and reviewed annually by students and their advisors and submitted to the Academic Support Specialist to be placed in students' files.

All Doctor of Psychology students who wish to do paid or non-paid *clinical* activities, outside of a program approved practicum or research setting, must complete the *Outside Clinical Work Request and Acknowledgement Form*. All such requests require the approval of the Director of Clinical Training (DCT), with input from the faculty. Please allow at least 2 weeks for the approval process.

1. On the *Outside Clinical Work Request and Acknowledgement Form*, students will note:
    - the job (i.e., type of clinical activity)
    - the # hours per week
    - the name, phone number, and professional background of the supervisor
        - describe if the person is a licensed professional
    - the amount and type of supervision provided
    - whether or not the supervisor or "site" has professional liability insurance to cover your activities, and the amount of the insurance
    - whether or not it is a "paid" or "volunteer" position
2. This form will also require students to acknowledge that you understand that:
    - under APA ethical guidelines and the GA state licensing guidelines, you may not represent yourself as a psychologist or as a graduate student in our program/department
    - the hours accumulated in an outside clinical setting cannot be counted toward your clinical hours for internship
    - the Mercer University liability insurance policy does not cover your activities in case of malpractice, as the activities are not a part of your training program

- you are responsible for securing your own liability coverage for any non-program related clinical activities

3. The form must be reviewed and co-signed by your advisor and then submitted to the Academic Support Specialist.

Non-Discrimination Policy

The Department of Clinical Psychology endorses the University's and the College of Health Professions' policy on non-discrimination, equity, and compliance.

The core of the policy statement reads as follows:
Mercer University is committed to maintaining a fair and respectful environment for living, work and study. To that end, and in accordance with federal, state and local law and University policies, the University prohibits harassment of or discrimination against any person because of race, color, national or ethnic origin, disability, marital status, veteran status, sex (including pregnancy, child birth or a medical condition related to pregnancy or childbirth), sexual orientation, gender identity, gender expression, genetic information, age, or religion (except in limited circumstances where religious preference is permitted by law), or any other protected status or characteristic as defined by law.

To uphold the University's values of fostering a climate of opportunity, mutual respect and understanding and striving for a campus that is absent of discrimination and harassment on the basis of a protected class named above, the Office of Equity and Compliance will address and remediate reported forms of discrimination and sexual misconduct, and provide policies, training and education in an effort to prevent discrimination and sexual misconduct. The University will follow the discrimination and harassment policy found at https://equityandcompliance.mercer.edu/discrimination-harassment/.

Student Pregnancy/Pregnancy-Related Conditions

Title IX of the Education Amendments Act of 1972 ("Title IX"), is a Federal civil rights law that prohibits discrimination on the basis of sex, including pregnancy and pregnancy related conditions, in educational programs and activities.
Pregnancy and Related Conditions Include, but are not limited to:

- Pregnancy,
- Childbirth,
- False Pregnancy,
- Medical Conditions During Pregnancy,
- Miscarriage,
- Termination of Pregnancy, and/or
- Medically Required Recovery Arising in Connection with Pregnancy.

Students who are pregnant or are experiencing pregnancy related conditions are entitled to Reasonable Modifications to prevent sex discrimination and ensure equal access to the University's education program and activity. Reasonable Modifications are those that do not fundamentally alter the University's education program or activity. Any student seeking Reasonable Modifications must complete a *Pregnancy Modification Request Form*. This form, as well as additional information can be found at:
https://equityandcompliance.mercer.edu/sexual-misconduct-title-ix/pregnancy-related-

information/. The student will then be contacted to discuss appropriate and available Reasonable Modifications based on their individual needs. Students are encouraged to request Reasonable Modifications as promptly as possible.

Services for Students with Disabilities

Students requiring accommodations for a disability should contact the Office of Access and Accommodations and inform the instructor at the close of the first class meeting or as soon as possible. The Office of Access and Accommodations will document the disability, determine eligibility for accommodations under the ADAAA/Section 504, and complete a *Faculty Accommodation Form*. Disability accommodations or status will not be indicated on academic transcripts. In order to receive accommodations in a class, students with sensory, learning, psychological, physical, or medical disabilities must provide their instructor with a *Faculty Accommodation Form* documenting their accommodations. Students must share their accommodations with each professor each semester. Students having a history of a disability, perceived as having a disability, or having a current disability who do not wish to use academic accommodations are also strongly encouraged to register with the Office of Access and Accommodations. For further information, please contact the Mercer University Office of Access and Accommodations at this website: https://access.mercer.edu/.

Social Media Guidelines

Mercer University guidelines regarding social media and university policy may be found at https://www.mercer.edu/wp-content/uploads/2019/04/Social-Media-Guidelines.pdf and in the College of Health Professions Handbook found at https://chp.mercer.edu/studentresources/student-handbooks/. In addition, the Clinical Psychology Program has formulated the following guidelines adopted from the Council of University Directors of Clinical Psychology (CUDCP):

Overview

Electronic media may be accessed or used in ways that may reflect poorly on students, training programs, academic institutions, and the psychology profession. As a highly visible practice, practitioners and practitioners-in-training must recognize the potential impact of this information on their professional communication and image. In this regard, the Council of University Directors of Clinical Psychology (CUDCP) has noted the following to its member programs, including Mercer's Program in Clinical Psychology.

- Some internship programs conduct web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in the match.
- Clients may conduct web-based searches on trainees' names and find information about therapists (and may decline to come to clinics based on what they find).
- Employers may conduct online searches of potential employees prior to interviews/offers.
- Legal authorities are looking at websites for evidence of illegal activities. Some prima facie evidence may be gained from websites such as photographs, but text may also alert authorities to investigate further.
- A student's postings on a variety of list-serves (psychology or otherwise) might reflect poorly on the student and the student's program.
- Although signature lines are ways of indicating your uniqueness and philosophy, one is not in control of where the emails will end up and might affect how others view you as a

professional. Quotations on personal philosophy, religious beliefs, and political attitudes might cause unanticipated adverse reactions from other people.

- Greetings on answering machines and voicemail messages that might be entertaining to peers, express individuality, and indicate humor may not portray a positive professional demeanor. Phones used for professional purposes (research, teaching, or clinical activities) should contain greetings that are professional in demeanor and content.

Rules and Guidelines for Social Networking

Questions about specific situations and/or rules should be addressed to the Department Chair or the Director of Clinical Training. However, students generally are advised to do the following:

- Block clients, students, research participants, and other professional contacts from seeing email status messages and personal photographs.
- Conduct periodic Google searches on yourself to find out what information about you can be accessed on the internet.
- Remove nonacademic or nonprofessional electronic signatures from emails sent to patients, research participants, and other professional contacts. Use the Mercer University email address to contact clients and others for university-related business.
- Set website privacy settings to highest privacy settings available (e.g.,., "Friends only") on social networking websites. Monitor privacy settings periodically.
- Ensure that voicemail greetings accessed by professional contacts are professional in tone and content.
- Never become a "friend" of a patient or research participant online, thereby enabling them to access personal information.

Program Endorsed Professional Organizations and Student Activities

Student Membership – APA, GPA, and SEPA

The American Psychological Association (APA) is the professional organization for psychologists in the United States. The Association's divisions are active at the state, regional, and local level, providing conferences for professional interaction and training and public advocacy on psychological issues, as well as opportunities for referral. Students are encouraged to apply for membership in APA as well as the Georgia Psychological Association (GPA), the professional organization for psychologists in the state of Georgia. GPA currently has no student membership fee, and students may get involved in leadership roles at GPA. Students are also encouraged to join other professional and research organizations as appropriate, such as the Southeastern Psychological Association (SEPA). Included in these memberships are access to conference information, funding opportunities, and national, regional, and local information. Web access to these organizations may be found at http://www.apa.org/apags/about/index.aspx, http://www.gapsychology.org, and at http://sepaonline.com.

Fund-Raising Projects

Fund raising activities must be submitted in writing to the Chair of the Student Affairs Committee and require Department Chair approval. Any item to be sold with the University wordmark on it must get pre-approval from the College of Health Professions Office of Admissions and Student Affairs, who will get approval from University marketing.

Student Travel to Research Conferences

Students are eligible to be reimbursed up to $600 for travel to research conferences if they are the primary presenter (first author), based on availability of funds and pending Provost and Dean approval.

To be eligible for reimbursement, students must adhere to the following:

Prior to application

- Consult with your faculty advisor or research mentor about your submission plans
- Complete the *Request to Submit to Conference* form on Canvas, which must be signed for your research mentor, and email it to the Program's Academic Support Specialist and Department Chair

Prior to the event

- As soon as you are accepted to present (and at least 30 days before the conference), complete the *University Student Travel Request form*, including a copy of your acceptance and documentation of the expected cost to attend the conference (e.g., registration fee, airfare, hotel, etc.)
- Have the form signed by your advisor or research mentor and submit the signed form to the Program's Academic Support Specialist, who will ensure its completion before obtaining the Department Chair's signature.
- The Department Chair will sign it, request the Dean's signature, and send it to the Provost. The request form needs to be delivered to the Provost at least 30 days before the event, so make sure there is enough time to get the required signatures.
- Make sure you receive documentation of signed prior approval from the Dean/Provost prior to actually scheduling your travel.

Following the event

- Within 10 days of returning, submit the with original receipts, the approved travel request form, and proof of conference presentation in Workday to obtain your reimbursement.

Use of Student Information

As part of the ongoing assessment, evaluation, and review of the curriculum, student information is used for evaluation and feedback to improve the educational program and to document student progress. Course evaluations, faculty evaluations, student progress assessment and feedback, surveys, videotaped encounters, and group work are included in this process. Data are primarily reported in the aggregate, and individual identification is protected. There will be some instances when videotape review will be used to teach clinical skills. When data are used for documenting and publishing about the curriculum and student outcomes, appropriate institutional review will occur and aggregate data used. If the use of identifying information is needed, appropriate student consent will be obtained.

Virtual Learning Policy & Readiness Plan

Purpose

The purpose of the Department of Clinical Psychology's Virtual Learning Readiness Plan is to provide direction on the implementation of virtual learning during times of modified campus

operations for emergency conditions, including inclement weather. This plan is commensurate with the Mercer University Virtual Learning Policy implemented on March 13, 2025, which will serve as the guiding document. The specific procedures for virtual delivery of in-person courses within the Department of Clinical Psychology are noted below.

Departmental Communication

- After Department leadership and instructors are notified to prepare for or pivot to a virtual learning environment, the following will occur:
    - The Department Chair or designee will communicate with faculty, staff, and learners that modified operations are in place and that we are moving to a virtual learning plan.
    - Course instructors will communicate the virtual learning plan to the students as soon as possible.
    - Instructors will create and share the Zoom link and any further instructions (e.g., modified scheduled activities for that class) via the Canvas Announcements.
    - Any individual instructor who is impacted by power outages, lack of internet, etc., will communicate that fact to the Department Chair or designee. Leadership will notify the students, and if course content cannot be modified to continue that day with a different instructor or with appropriate asynchronous instruction, the class will be rescheduled.

- The Department Chair will document the occurrence of the modified operations, as well as the resultant modified class sessions, for compliance and accreditation purposes.

Overall Procedure for Courses

- In the event of modified operations, the Clinical Psychology Program will transition to a virtual learning environment.

- All PsyD class sessions impacted by modified campus operations will shift to a virtual format, utilizing Mercer-supported technology platforms, instead of canceling or rescheduling in-person classes.
- Classes will occur synchronously via Zoom at their regularly scheduled day/times.

Carnegie Hour Equivalences

Virtual classes will meet—or alternative, equivalent instruction will be provided—for the regularly scheduled length of time.

- Virtual sessions via Zoom will be recorded and posted to Canvas in the event that individual students are unable to attend synchronously due to power outages, lack of internet, etc.

- If the class session was scheduled to include lab activities, the instructor will modify the session plan to cover content appropriate for a virtual session and communicate the modification to the students. Alternatives might include virtual simulations or alternative assignments.
    - If modifications are not appropriate to achieve class session goals, then the course instructor will communicate with the students and the Department Chair. Plans will be made immediately to reschedule these activities and make up the class session.

- If the class session was scheduled to include an assignment, quiz, or exam that must be proctored in-person, instructors will postpone these activities and modify the session plan to cover content appropriate for a virtual session. This modification will be communicated to the students, along with the new schedule for the assignment, quiz or exam. Scheduled student presentations may still be completed through a synchronous Zoom class session.

- Attendance will be taken for each virtual session, but students will not be penalized for not attending if individual circumstances such as power outages, lack of internet, etc,. prohibited them from doing so. Students should communicate their situation to their instructors as soon as possible after service is restored.

Tracking Student Engagement/Attendance in virtual formats
Attendance will be taken at the beginning of synchronous virtual classes. Asynchronous course attendance will be taken via Canvas analytics.

Procedure for External Practica

- Clinical training experiences at practicum sites will continue as planned, unless canceled by the clinical training partner. In other words, practicum students at clinical training locations will follow the operational guidelines of those settings. Practicum students will report any questions or concerns to the Director of Clinical Training (DCT). Case-by-case situations with respect to unsafe travel circumstances will be directed by the DCT. If the DCT is not available, the Assistant DCT or Department Chair should be contacted for direction.

Key Resources

- The College of Health Professions' Instructional Design Specialist has provided instructors with a variety of evidence-based virtual intervention strategies to engage students in this format. This ongoing education, as well as the recordings made available on the College of Health Professions Resource Canvas Page, will promote preparation for instructors.

- If students or instructors need technology assistance, they may contact the Mercer IT Help Desk.

Grievance Policies and Procedures

The Department follows the grievance policy indicated in the *University Student Handbook*. The most up-to-date and complete version can be found in the *University Student Handbook* at https://provost.mercer.edu/resources/handbooks/.

Academic Grievances and Appeals Policy
Policy: Students have the right to bring grievances against a faculty member or an administrator and to appeal decisions concerning academic matters. A "grievance" is typically a complaint relating to some allegedly improper action or behavior. An "appeal" is typically a request for review of a routine judgment or decision. Such matters may include, but are not limited to, failure to abide by requirements described in the course syllabus; arbitrary awarding of grades; and discrimination based on race, color, national origin, disability, veteran status, sex, sexual

orientation, genetic information, age, or religion (except in limited circumstances where religious preference is both permitted by law and deemed appropriate as a matter of University policy).

Time Frame: For grievances and appeals of any kind, students are required to initiate them with the appropriate faculty member no later than thirty (30) days from the completion of the term in which the course was offered. Grievances or appeals received after this period will not be honored.

Informal Resolution Procedure: Student grievance and appeal procedures encourage each student to handle complaints as close to the source as possible. If a student has a complaint against a faculty member, the student should first attempt to resolve the issue by an informal meeting with the faculty member involved. If this is not satisfactory, or if the student believes that they cannot discuss the complaint with the instructor, the student may follow the Formal Resolution Procedure.

Formal Resolution Procedure: If complaints cannot be resolved through the Informal Resolution Procedure, the following protocol should be followed:

1. The student should meet with the appropriate Department Chair after submitting to this person a formal written account of the grievance or appeal. This narrative must be submitted no later than thirty (30) days from the date on which the student was formally notified of the instructor's decision.
2. If the grievance or appeal is not satisfactorily resolved by the Department Chair, the student should meet with the Associate Dean after submitting to the Associate Dean a formal written account. This narrative must be submitted no later than thirty (30) days from the date on which the student was formally notified of the Department Chair's decision.
3. If the grievance or appeal is not satisfactorily resolved by the Associate Dean, the student should meet with the Provost after submitting to the Provost a formal written account of the grievance or appeal. This narrative must be submitted no later than thirty (30) days from the date on which the student was formally notified of the Associate Dean's decision.

If students have a grievance or appeal involving a dean, they should schedule an appointment with that dean in an attempt to resolve the matter informally. If the matter is not resolved or if the students believe that they cannot discuss the issue with that dean, the student may address the grievance or appeal to the Provost. In all academic grievance and appeal procedures, the decision of the Provost is final.

Course Schedule & Enrollment

The Mercer University Clinical Psychology degree program spans a minimum of 12 consecutive semesters. Following satisfactory completion of all coursework, students enroll in a one-year predoctoral clinical internship. Full-time enrollment follows a recommended program sequence for each matriculating class. Matriculating students are expected to maintain full-time enrollment during the academic year, consisting of fall, spring, and summer semesters.

Doctor of Psychology Curriculum (100 Hours Required)

Biological, Psychological, Social, and Integrative General Psychology Requirements (21 hours)

CPSY 702	Lifespan Developmental Psychology (3)
CPSY 703	Biological Bases of Behavior (3)
CPSY 709	Clinical Psychopharmacology (2)
CPSY 713	Cognitive, Affective, and Social Processes (4)
CPSY 718	Individual and Cultural Diversity (3)
CPSY 720	Trauma-Informed Practice (3)
CPSY 726	Health Psychology (3)

Methodological and Scientific Requirements (11 hours)

CPSY 701	Psychometrics Theory and Assessment (3)
CPSY 712	Research Design (4)
CPSY 714	Statistical Methods (3)
CPSY 812	History and Systems of Psychology (1)

Ethics Requirement (3 hours)

CPSY 717	Ethics and Professional Issues (3)

Assessment Requirements (14 hours)

CPSY 721	Psychopathology (4)
CPSY 731	Personality Assessment (3)
CPSY 732	Cognitive Assessment (4)
CPSY 865	Developmental Psychopathology (3)

Intervention Requirements (12 hours)

CPSY 733	Clinical Interviewing (4)
CPSY 743	Evidence-Based Practice I (4)
CPSY 745	Evidence-Based Practice II (4)

Supervision and Interprofessional Consultation Requirements (5 hours)

CPSY 704	Integrated Primary Healthcare (3)
CPSY 960	Consultation and Supervision (2)

Practicum and Internship Requirements (18 hours)

CPSY 893	Practicum (1) taken for 6 credits
CPSY 895	Advanced Practicum (1) taken for 3 credits
CPSY 993	Internship (taken for 9 credits)

Dissertation (10 hours)

CPSY 901	Clinical Dissertation Prep I (2)
CPSY 902	Clinical Dissertation Prep II (2)
CPSY 981	Clinical Dissertation I (2)
CPSY 982	Clinical Dissertation II (2)
CPSY 983	Clinical Dissertation III (2)

Electives (6 hours from among the courses below)

CPSY 834	Clinical Neuropsychological Assessment (2)
CPSY 836	Introduction to Psycho-oncology (2)
CPSY 837	Pediatric Psychology (2)
CPSY 840	Sports Psychology (2)
CPSY 850	Leadership and Advocacy (2)
CPSY 860	Addiction and Substance Use Disorders (2)
CPSY 862	Neurodevelopmental Disorders (2)
CPSY 870	Psychology of Aging (2)
CPSY 875	Child and Family Therapy (2)
CPSY 880	Special Topics (Subtitle) (1-3, optional)

Course Descriptions

CPSY 701. Psychometric Theory & Assessment
(3 hours)
The course provides an overview of psychometrics and its application to psychological assessment. Principles and methods underlying scaling techniques, rating instruments, psychological tests, and other forms of psychological measurement are addressed.

CPSY 702. Lifespan Developmental Psychology
(3 hours)
This course examines normal transitions in development across infancy, childhood, adolescence, adulthood, and later adulthood. Cognitive, emotional, and social development are considered along with physical growth and development. Cultural, gender, and family influences are emphasized, and applications to clinical practice are considered.

CPSY 703. Biological Bases of Behavior
(3 hours)
This course provides an introduction to the anatomy and the neurophysiology of the nervous system. Neurological foundations of human behavior are addressed along with an overview of endocrine processes. The impact of somatic systems on behavior and psychopathology is emphasized, and foundations of language, cognition, learning, memory, and brain neurochemistry are examined.

CPSY 704. Integrated Primary Healthcare and Consultation
(3 hours)
This course focuses on contemporary cross-cutting issues in the practice of health psychology. The role of the psychologist in primary care is examined in the context of specific chronic illnesses along with considerations related to disease prevention and health promotion. Psychological factors associated with diagnosis, treatment, and treatment adherence are discussed, and cross-cutting issues related to consultation, adherence, pain management and stress and coping are introduced.

CPSY 709. Clinical Psychopharmacology
(2 hours)
This course provides in-depth and advanced exploration of the neuronal and chemical mechanisms underlying psychoactive drug action as well as compulsive drug usage. The focus will be on both drugs of abuse as well as pharmacological interventions in neural/behavioral disorders, with a particular emphasis on the practical application of psychopharmacology.

CPSY 712. Research Design
(4 hours)
This introductory course in research methods provides a survey of essential principles of research design in psychological science. Correlational, experimental, quasi- experimental, and qualitative research designs are covered as well as ethical issues in conducting psychological research. In addition to focusing on the development of critical thinking and methodological skills required to evaluate and review published research, this course also provides instruction on scientific writing in the field of psychology.

CPSY 713. Cognitive, Affective, and Social Processes
(4 hours)
This course presents an overview of current research and theory in experimental cognitive, affective, and social psychology. For cognitive psychology, topics include attention, memory, perception, and decision-making. For affective science, theories of emotion and emotion regulation are discussed. For social psychology, topics include attitudes, discrimination, stereotyping, prejudice, social influence, and group dynamics.

CPSY 714. Statistical Methods
(3 hours)
This course includes an overview of quantitative research methods, basic concepts, and methods used in descriptive, correlational, and inferential statistics. Parametric and non-parametric statistical methods are examined with an emphasis on the requisite skills necessary for the design of rigorous and systematic quantitative research investigations.

CPSY 717. Ethics and Professional Issues
(3 hours)
This course explores ethical and legal issues related to professional conduct. Emphasis is placed on ethical reasoning, as well as the American Psychological Association ethical principles, and relevant state regulations. Issues related to assessment, therapy, forensics, consultation, and supervision are a primary focus.

CPSY 718. Individual & Cultural Diversity
(3 hours)
This course examines cultural and racial stereotypes that influence assessment and intervention with various racial and ethnic populations in our society. An understanding of cultural differences and the unique medical and mental health needs of various populations are addressed. Group differences that impact the utilization of health promotion, disease prevention, and disease management activities are addressed.

CPSY 720. Trauma-Informed Practice
(3 hours)
This course provides a comprehensive understanding of psychological trauma. Students will learn about the history, etiology, major risk factors, symptoms, diagnosis, conceptualization, and treatment of trauma-related dysfunction, particularly posttraumatic stress disorder (PTSD), acute stress disorder (ASD), and common comorbid conditions. The course will focus on the biopsychosocial underpinnings of trauma, how trauma affects individuals and systems across the lifespan, and the development of traumatic stress reactions. Theoretical frameworks will examine the biopsychosocial underpinnings of trauma, including cognitive, neurobiological, developmental, intergenerational, clinical, and sociocultural factors related to trauma exposure and its impact. Attention will be given to trauma-informed assessment issues, clinical diagnostic considerations, case conceptualization, and evidence-based approaches to intervention. The recognition, prevention, and treatment of compassion fatigue and vicarious traumatization in the clinician will be emphasized.

CPSY 721. Psychopathology
(4 hours)
This course focuses on the description, etiology, presentation, and treatment of psychiatric disorders that typically present in adulthood. It provides a broad theoretical foundation from which to view and understand the development of psychopathology by examining theories and accounts of the development of normal and abnormal personalities and behavior. A primary focus of the course is the current DSM classification system.

CPSY 726. Health Psychology
(3 hours)
This course provides an introduction to psychosocial assessment and intervention methods in the context of treatment of existing health problems, illness prevention, and health maintenance. Assessment of factors influencing quality of life in chronic illness is addressed.

CPSY 731. Personality Assessment
(3 hours)
This course covers the scientific basis and approaches for personality assessment. Theory, principles, and issues in objective assessment, as well as administration and interpretation, are addressed. Students will develop skills in the use of basic rating scales, screeners, and more comprehensive personality instruments through observation, practice administration (when available), and basic interpretation. Domains covered will encompass measures used throughout the lifespan and address a range of areas of functional concern/difficulty. Major diagnostic problems will be illustrated through the introduction of case materials. The Minnesota Multiphasic Personality Inventory (MMPI-3/MMPI-A) and the Personality Assessment Inventory (PAI/PAI-A) will be the primary focus of the course. Additional objective measures of personality will also be covered.

CPSY 732. Cognitive Assessment
(4 hours)
This course introduces major approaches and instruments for assessing intellectual and cognitive functioning in children and adults. The history of intellectual assessment and theories of intelligence are addressed with particular attention given to test administration, interpretation, and report writing skills. Laboratory sessions focusing on skill development are included. Course fee required.

CPSY 733. Clinical Interviewing
(4 hours)
This course focuses on training in basic listening and interviewing skills, with emphasis on the clinical interview in the context of a comprehensive initial assessment. Students are exposed to directive and nondirective approaches to interviewing as well as related theoretical and empirical literature. Demonstrations, role-plays, and structured exercises allow development of skills in establishing the therapeutic relationship and collecting relevant assessment information.

CPSY 743. Evidence-Based Practice I
(4 hours)
This course provides a survey of various approaches to psychotherapy and their common features. This course is designed to increase students' awareness and knowledge of evidence-based practices in clinical psychology from a variety of foundational theoretical orientations.

Topics covered will include the elements of theoretical approaches and how to identify them. The course will also emphasize evidence-based psychotherapy relationships. An emphasis will be placed on advancing case conceptualization skills across multiple theoretical approaches and developing accompanying treatment plans that are rooted in the evidence-based scientific literature. In addition to gaining foundational knowledge across multiple psychological theories and therapeutic approaches, this course will provide in-depth emphasis on cognitive-behavioral theory and therapy.

CPSY 745. Evidence-Based Practice II
(4 hours)
This course provides students with exposure to more advanced psychotherapeutic skills from a variety of models. Topics may include interpersonal, psychodynamic, and group psychotherapy, as well as integrative or transdiagnostic approach to psychotherapy. This course is designed to increase students' skills in evidence-based practices in clinical psychology from a variety of therapeutic approaches.

CPSY 812. History and Systems of Psychology
(1 hour)
This course provides an overview of the historical and philosophical precursors as well as major figures contributing to modern psychology. The differentiation of psychology from philosophy is examined, and attention is paid to the historical development of various theories of personality.

CPSY 834. Clinical Neuropsychological Assessment
(2 hours)
This elective course covers brain-behavior relationship, neuropsychological assessment techniques, and development of an understanding of neuropsychological evaluations. Students will advance their assessment skills through observation, practice administration (when available), and basic interpretation of various neuropsychological assessments. Domains covered will encompass measures used throughout the lifespan and address a range of areas of functional concern/difficulty. Basic principles of neuroanatomy and brain organization will be briefly reviewed as they pertain to specific disorders/conditions and neurocognitive domains. Major diagnostic problems will be illustrated through the introduction of case materials.

CPSY 836. Introduction to Psycho-oncology
(2 hours)
This elective course will serve to introduce students to the field of psycho-oncology. We will take a scientist-practitioner approach through exploring key research in psycho-oncology as well as developing clinical skills to address the psychosocial need of those impacted by cancer. Upon completion of this course, students should develop an understanding of the latest research in the field, as well as how to conceptualize a case and develop a treatment plan for common psychosocial issues seen in oncology populations. They will also be familiar with the role of clinical psychologists in oncology settings. This course is a participatory seminar, with the richness of the class directly derived from student participation. Students are expected to play an active role in guiding our discussion.

CPSY 837. Pediatric Psychology
(2 hours)
This elective course provides an introduction to the field of pediatric psychology, with a focus on understanding and addressing the psychological needs of children and adolescents with medical conditions. Using a biopsychosocial framework, the course explores how developmental, family, cultural, and systemic factors shape health, coping, and well-being. Students will examine evidence-based approaches to assessment, intervention, and consultation within pediatric healthcare settings, and will consider ethical and professional issues that arise in interdisciplinary practice. Emphasis is placed on culturally responsive care, health equity, and collaboration with families, schools, and medical teams. Through discussions, applied case examples, and integration of current research, students will build foundational competencies needed for clinical and scholarly work with medically involved youth.

CPSY 840. Sports Psychology
(2 hours)
This elective course exposes students to an increasingly relevant specialty area aligned with contemporary practice trends. Demand for mental performance services is rapidly growing in collegiate athletics, youth sports, and medical/rehabilitation environments, creating new opportunities for psychologists trained in performance enhancement, motivation, injury adjustment, and team dynamics. This course supports students interested in health psychology, integrated care, and behavioral medicine by providing a complementary focus on physical-mental health interactions and resilience-based intervention strategies. The course integrates foundational sport psychology principles (e.g., motivation, arousal regulation, confidence, attention, imagery, team dynamics) with clinical considerations relevant to psychologists working with athletes, performers, and sport organizations. Topics include performance enhancement, injury and rehabilitation, overtraining and burnout, identity and transition out of sport, psychopathology in athletes, ethical and professional issues, consultation models, and interdisciplinary collaboration within sport and performance settings.

CPSY 850. Leadership and Advocacy
(2 hours)
This elective course prepares future psychologists to engage in leadership and advocacy that advance equitable access to behavioral health care and support systems-level transformation. Grounded in ecological and justice-oriented perspectives, the course examines how social, structural, and political forces shape mental health and the conditions under which psychological services are delivered. Students develop foundational competencies in ethical leadership, reflexive professional identity, strategic communication, persuasive storytelling, and evidence-informed policy engagement, consistent with the APA's Advocacy Competencies. Through case analyses, collaborative learning, and applied advocacy exercises, students learn to translate psychological science for diverse audiences, analyze systems-level influences on behavioral health, and communicate data and narratives that inform policy, community organizing, and organizational decision-making. The course equips students with adaptable tools to lead effectively and advocate responsibly across clinical, community, and institutional settings.

CPSY 860. Addiction and Substance Use Disorders
(2 hours)
This elective course provides a comprehensive review of psychological theories and interventions for addressing addictive behaviors. Emphasis is placed on clinical processes. Prominent models

are presented for conceptualizing addictive behaviors, along with clinical treatments based on these models. Specific topics covered include: understanding psychological dynamics of addiction, stages of change, screening for and diagnosing addictive behaviors, brief psychological interventions, empirically-supported treatments, evidence-based practice, relapse prevention, harm reduction, addressing common co-existing disorders, and community services. The primary purpose of this course is to familiarize students with psychological theories, assessment strategies, and interventions for addressing addictive behaviors. As a result of participating in this course, students will be able to conceptualize cases with substance use disorders, understand evidence-based psychological therapies, and identify appropriate treatment strategies.

CPSY 862. Neurodevelopmental Disorders

(2 hours)

This elective course is designed to provide essential coverage of neurodevelopmental conditions frequently encountered in clinical assessment and intervention, including autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), intellectual disability, and specific learning disorders. Students will learn to conceptualize these disorders from developmental, neurobiological, and environmental perspectives while gaining familiarity with current diagnostic frameworks and evidence-based treatments. As diagnosis rates for disorders like ASD and ADHD increase, this course will allow students interested in pursuing this in-demand career path to develop some initial knowledge and skills in this area.

CPSY 870. Psychology of Aging

(2 hours)

This elective course will cover the study of the processes of aging in the individual in terms of their behavioral effects. The topics will include: age changes in biological functions, sensation, perception, intelligence, learning, memory, creativity, personality, mental health, and relationships. Study of these age-related changes will enhance students' understanding of the capacities and potential of the mature older person.

CPSY 865. Developmental Psychopathology

(3 hours)

This course introduces students to the theories, models, concepts, and terminology of developmental psychopathology. Etiologies of childhood disorders and their continuity across childhood, adolescence, and adulthood are considered. Multiple methods of assessment are addressed as well as implications for working with diverse populations of children and adolescents.

CPSY 875. Child and Family Therapy

(2 hours)

This elective course provides an introduction to child and family therapy, primarily using a systems perspective. There will be an overview of theoretical concepts and intervention strategies associated with several key theories of family therapy. To understand family therapy concepts requires a shift from an individual to a relational perspective. Thus, this course will focus on examining ways that facilitate relational conceptualizations of and interventions with families. Child behavioral problems will be explored from a functional analysis perspective. In addition, evidence-based treatment approaches for childhood disorders are briefly surveyed. Specific strategies for intervention in dysfunctional parent-child interaction, as well as parent-adolescent and parental discord, are covered. Consideration of cultural context of and diversity among families is a core feature of the course.

CPSY 880. Special Topics (subtitle)
(2 hours)
This course provides opportunities to address selected topics of specific faculty expertise or student interest. Topics may be offered to students in small groups or on an individual basis.

CPSY 893. Practicum
(1 hour)
The six-course practicum series involves supervised clinical field experiences with primary foci on assessment and therapy to develop the requisite knowledge and skills of the core clinical competencies. Students will demonstrate increasing knowledge and skills over the series of courses. In addition to required hours at the assigned training site, students meet weekly in a practicum seminar led by a faculty member. Beginning in the fall semester of year two, students will progress through at least six semesters of practicum experiences.

CPSY 895. Advanced Practicum
(1 hour)
This upper-level, three-course series is intentionally structured to prepare students for the APPIC predoctoral internship application and the highly competitive national match process. Unlike CPSY 893 Practicum, which focuses on foundational skill development, the Advanced Practicum emphasizes higher autonomy, management of more complex clinical cases, and demonstration of competencies at a level expected of strong internship applicants. The course integrates direct preparation for the APPIC application cycle, including development of internship applications aligned with national internship expectations. Students also receive targeted guidance on site selection, navigating the match process, and presenting themselves competitively across interviews and training settings. This Advanced Practicum functions as both a capstone clinical experience and a structured, intentional bridge to successful internship placement. Students in their fourth year will progress through three semesters of advanced practicum experiences.

CPSY 901. Clinical Dissertation Prep I
(2 hours)
This is an introductory course in the dissertation methodology writing process for advanced doctoral students nearing completion of coursework. The purpose of this course is to scaffold students on writing their dissertation proposal by building on their research competencies. Emphasis will be placed on how to construct a research question that addresses a gap in the literature, is clinically relevant, and can be addressed in a clinical dissertation. Students will learn how to find primary literature and consider possible methodological means of investigation around their research topic. The final result of the class will be a completed prospectus for their clinical dissertation.

CPSY 902. Clinical Dissertation Prep II
(2 hours)
The primary focus of this course is to write the clinical dissertation proposal. This course builds off the work completed in CPSY 901: Clinical Dissertation Prep I. Specifically, students will focus on conducting background literature reviews, providing rationale for their research question, and planning the methodology of their dissertation project. They will also get practice in preparing for oral defense of their dissertation proposal. Upon completion of this course, students will have written a complete clinical dissertation proposal and successfully defended it.

CPSY 960. Consultation and Supervision
(2 hours)
This course incorporates theory, research, and practices relating to clinical supervision and consultation within ethical, multicultural and interdisciplinary contexts. It explores the manner in which psychologists function as supervisors and consultants in community, educational, and healthcare settings.

CPSY 981. Clinical Dissertation I
(2 hours)
Following completion of a successful dissertation proposal defense, PsyD students in this first of a three-course sequence undertake independent clinical research to answer the research questions proposed in their dissertation. This may include obtaining IRB approval, collecting data, conducting a methodologically-based literature review or program evaluation, or developing or modifying a clinical assessment or intervention protocol. The project is undertaken under the guidance of their doctoral dissertation chair and committee.

CPSY 982. Clinical Dissertation II
(2 hours)
Following completion of a successful dissertation proposal defense and data collection, PsyD students in this second of a three-course sequence undertake independent clinical research to analyze and report the results of their research. In this course, students will work to run statistical analyses (if needed) and complete a finished draft of their final clinical dissertation document. Additionally, students are expected to defend their research project to their dissertation chair and other faculty members. Course work is completed under the guidance of their doctoral dissertation chair and committee.

CPSY 983. Clinical Dissertation III
(2 hours)
This third of a three-course sequence is designed to provide structure and support for doctoral students as they complete their clinical dissertation. Upon completion of CPSY 982, students will have successfully written up and orally defended their clinical dissertation. This course scaffolds them as they address any revisions and fully complete their final clinical dissertation and have it bound in hard copy for the Department.

CPSY 993 Internship
(3 hours)
This course entails enrollment at the start of a one-year predoctoral internship in clinical psychology, with repeated enrollment for the duration of internship. The total number of credits awarded for internship is fixed at 9.The predoctoral internship represents full-time doctoral training of approximately 2,000 hours at a site where students matched during the APPIC Match process. Students maintain continuous enrollment across three terms and the capstone status of internship in competency-based doctoral training in clinical psychology.

Practicum Guidelines

Purpose of the Practicum Experience

Practicum and internship are the supervised out-of-class contacts with clinical populations that take place within a health care delivery system. Practicum training provides an environment for students to apply theoretical knowledge, to practice implementation of techniques based on this knowledge, and to foster professional and personal attitudes important to the identity of a professional psychologist.

A primary goal of practicum training is the development, by means of supervised direct client contact, of competent and ethical clinicians able to deliver basic and effective assessment and therapeutic intervention services. Ethical standards of the American Psychological Association are incorporated into student training.

General Information

Practicum placements follow the 12-month academic calendar (August through July). Specific starting and completion dates may vary. The only exceptions to this schedule are sites, such as College Counseling Centers, which are closed during the summer. Students spend 16 to 20 hours per week in an agency or program formally affiliated with the school. Students typically provide 8 to10 hours of "direct service" (as defined below) per week. The remaining time can involve supervision, paperwork, “indirect service” activities, research, and "training activities." Students typically accrue a minimum of 500 hours in the practicum training experience over the course of the academic year.

Doctoral students receive a minimum of one hour of individual supervision per week from a licensed doctoral-level psychologist at the practicum site. The second hour of required weekly supervision may be provided in a group setting at the practicum site. In addition, all students must enroll in a weekly practicum seminar led by a faculty member who provides didactic training emphasizing diagnostic and intervention skills applicable to a variety of clinical populations and an opportunity for consultation. The specific content and emphasis vary according to the practicum setting and expertise of the faculty member.

Definitions

- *"Direct service"* includes face-to-face provision of psychological services to individuals designated by the agency/program.
- *"Indirect service"* may include community outreach, consultation, education, program development and/or evaluation, and support services (e.g., report writing, record maintenance, or case preparation).
- *"Training activities"* include formal supervision, case conferences, case management/utilization review meetings, rounds, administrative/planning meetings, in-service training/seminars, and co-therapy with senior mental health staff.

Professional Liability Insurance

All students enrolled in practicum placements must be covered by Professional Liability

Insurance. Although students are covered through Mercer University College of Health Professions, some sites may encourage students to purchase additional coverage through American Psychological Association American Professional Agency, Inc.

Practicum Training Sites

Provisional approval is granted to a site until it is determined that it can provide the type of practitioner training Mercer University requires. Full approval is granted after a student has successfully completed a practicum and it is determined that this experience has been positive for both the student and the agency.

Training sites are selected based on their overall appropriateness to the use of the practitioner model of training graduate-level psychology students, i.e., emphasis on the acquisition of clinical skills, relevant treatment population, credentials of staff and site (registration, licensure, accreditation, etc.), availability of adequate supervision by experienced clinicians (licensed doctoral-level psychologists), and an emphasis on training. Every effort is made to be certain that students receive competent supervision within a mentoring relationship in an environment conducive to learning and that supervision requirements can and will be met by the training site. Supervision requirements are detailed in a subsequent section of this guideline.

Policy on Training Sites with Creedal Statements

Mercer University has a policy of nondiscrimination against students with regard to race, age, ethnic background, and sexual orientation. Practicum sites are expected to conduct their selection and training in a nondiscriminatory manner.

Sites are expected to select applicants without regard to race, sex, age, ethnic background, or sexual orientation unless they have compelling legal or therapeutic reasons for limiting the applicant pool. Sites that have a selection policy that disallows students based on any of the above criteria must notify the school and clarify the legal and/or therapeutic rationale for such policies. Such sites will be approved by Mercer University if the Director of Clinical Training in consultation with the Clinical Psychology faculty determines that an adequate legal and/or therapeutic rationale exists for the selection policies.

Practicum Application Procedures

During the spring semester, the Director of Clinical Training assigns each student to interviews at different practicum sites. Assignment of interviews involves the appropriate matching of the student's needs, level of experience, and clinical interests with available approved training experiences. Students contact the sites and schedule interviews during a designated time period. Students who do not follow the guidelines for placement can expect disciplinary action.

Once a student accepts an offer, this verbal acceptance is binding and viewed as a contractual agreement between Mercer University, the practicum site, and the student. The Director of Clinical Training also must be notified in writing of any acceptance or rejection of a placement offer.

Supervision Requirements for Practicum

Trainees receive a total of two or more hours of supervision and training per week on site. At least one of these hours must be spent in primary individual supervision with a licensed doctoral level psychologist. Primary supervision is offered at a regular, preset, uninterrupted time each week. Supervisors are expected to communicate clear expectations to students at the beginning of their practicum and to provide clear feedback regarding clinical competence and progress throughout the year. Students may be required to audiotape or videotape some of their clinical work to be played in individual supervision.

The immediate Clinical Supervisor(s) agree to base the student's evaluation in part on direct observation, to include live observation (in-room or via one-way mirror), video streaming, or video recording.

The Director of Clinical Training should be informed immediately of any difficulties encountered at the practicum site or of any substantive changes in the practicum experience (e.g., change of supervision).

In accordance with the APA Standards of Accreditation Implementing Regulations Section C-13 D. Telesupervision, practicum sites using any amount of telesupervision must have a formal policy addressing their utilization of this supervision modality. This includes, but is not limited to, an explicit rationale for its use, how telesupervision is consistent with the site's overall aims and training outcomes, how and when telesupervision is utilized in clinical training, how it is determined which trainees can participate in telesupervision, how the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience, how an off-site supervisor maintains full professional responsibility for clinical cases, how non-scheduled consultation and crisis coverage are managed, how privacy and confidentiality of the client and trainees are assured, and the technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor. Please consider the following:

Rationale for Telesupervision: We use telesupervision as an alternative form of supervision when in-person supervision is not practical or safe. Telesupervision may be used in three scenarios: a) As a primary mode of supervision when offering services to a remote community with a supervisor who lives outside the metro-Atlanta community to provide training opportunities that would not otherwise be possible, b) As a secondary mode of supervision when either the trainee or supervisor is ill to prevent contagion or worsening of the illness, d) As an emergent mode of supervision when clinical emergencies arise that require more detailed consultation than is available through telephonic methods when the supervisor is not at the training site.

Telesupervision's Consistency with Program Aims and Training Outcomes: In scenario a), telesupervision offers trainees experiences that would otherwise be unavailable to them and that allow trainees to provide services to underserved populations. In scenario b), telesupervision maintains the continuity of supervision during unexpected events that do not compromise a supervisor's or trainee's fitness to practice but that would impede meeting in person and providing continuous care to clients. In scenario c), telesupervision provides supervisors the ability to backstop trainees as they provide emergent care to clients.

How and When Telesupervision is Used in Clinical Training: Telesupervision is not allowed as a primary mode of supervision until students have completed their first year of training. Students will be allowed to participate in telesupervision as a method of receiving supervision when telesupervision is a) indicated for service provision, b) reasonable as a secondary supervision modality, or d) required to address emergent client needs.

How Trainees are Determined Fit to Participate in Telesupervision: Trainees must demonstrate proficiency with using videoconferencing technology and exhibit non-defensive participation in supervision with the ability to implement a supervisor's feedback with clients. They must exhibit the organizational skills needed to attend telesupervision, the responsibility to protect client privacy and confidentiality, and the clarity in communication necessary to convey relevant information about clients and their clinical care.

How Trainee-Supervisor Relationship is Established at Outset of Supervision: Before beginning telesupervision, the supervisor and trainee will engage in at least one virtual session to test out technology, verify the suitability of the trainee's environment for telesupervision, and work through screen sharing and other functions that may be required in telesupervision.

How Off-Site Supervisor Maintains Full Professional Responsibility for Cases: The supervisor who conducts telesupervision will maintain full oversight and professional responsibility for all clients for whom the trainee provides services. Supervisors will maintain operational competence with HIPAA-compliant software, remain accessible to trainees with flexibility in using telesupervision as supervisor and trainee situations dictate, and evidence warmth and connection with trainees through virtual meeting technology.

Management of Non-Scheduled Consultation and Crisis Coverage: Supervisors are available by phone, text, or email outside of scheduled supervision times should trainees need consultation. Supervisors will maintain standing invitations to trainees' virtual sessions to provide backup for trainees. Telesupervision that must occur outside of scheduled sessions will be scheduled through email, text, or other means of communication without discussing client information.

Maintenance of Client and Trainee Privacy and Confidentiality: During telesupervision, client material will not be discussed without using HIPAA-compliant technology. Both trainee and supervisor will also be in private locations during telesupervision where patient privacy and confidentiality will be assured, which may include using headphones or other in-ear technology and orienting computers or phones toward walls without windows.

Technology and Technology Training Used in Telesupervision: Mercer's HIPAA-compliant Zoom accounts provide the technological backbone of telesupervision at Mercer PRACTICE. Sites not using HIPAA-compliant Zoom accounts will provide alternative HIPAA-compliant videoconferencing methods to trainees at no cost to them.

Practicum Seminars

The practicum seminar serves as an auxiliary training component in a student's clinical training. The seminar leader works as a "partner in training" with the student's on-site supervisor to oversee education. Although the seminar leader may provide general feedback about student progress, supervision of individual cases remains the responsibility of the on-site supervisor, who has direct contact with the practicum setting and with individual patients.

In the seminar, students receive didactic training, present their clinical work, and consult with peers and the seminar leader regarding challenging assessment and treatment issues. The major objectives include: (1) introducing, via didactic and experiential training, fundamental skills in conceptualization and clinical service; (2) providing exposure to a variety of clinical issues in different settings; (3) enhancing students' capacity to generalize their clinical experiences across domains and groups; (4) fostering students' development in specific technical interventions and global clinical competencies; and (5) evaluating students' progress in professional development and growth in the major areas of clinical competency.

All practicum students are required to attend a weekly practicum seminar throughout the year. Students present clinical cases, on a rotating basis, based on a case at their practicum site. These presentations should follow the format expected for the Clinical Competencies Portfolio (CCP). As per the CCP Guidelines, students will also submit assessment and intervention reports and annual reflections during their practicum training, to receive seminar leader feedback based on the CCP rubrics. Seminar leaders' feedback on case presentations and written reports should not be considered as supervision of the on-site clinical work; site supervisors are ultimately responsible for the content of reports that will be utilized for clinical purposes. However, students are expected to use seminar leader feedback to modify the presentations, reports, and reflections they will complete as part of their CCP. When turning in testing protocols and reports to seminar leaders, all identifying information should be removed to ensure client confidentiality.

Students must inform their on-site supervisor of any and all absences from practicum activities and must copy (cc) their practicum seminar leader on this notification.

Practicum

Clinical orientations, specific treatment options and opportunities, and client populations will vary across training settings. Mercer University does not endorse a particular theoretical orientation and encourages students to explore a variety of evidence-based treatment perspectives. However, sites are encouraged to provide knowledge and modeling of therapy within an organized theoretical framework, so that students may learn to use this framework to guide their conceptualizations and interventions. With time and experience, students may recognize strengths and limitations of a variety of approaches and develop proficiency in formulating and working within an approach best suited to their own personal style and clinical interests. The therapy practicum presents an excellent opportunity for this kind of learning.

Practicum students are expected to adjust to and work in an established program in a way that is mutually beneficial to the training site and to students' professional growth. The learning that takes place in such an environment will transfer to other clinical situations and become an integral part of the foundation for sound clinical practice in the future.

Evaluation of Student Progress in Practica

<u>Grades</u>
Each semester, practicum supervisors and seminar leaders evaluate students in several areas of clinical functioning, including theoretical knowledge base, clinical skills, and professional attitudes. A formal evaluation form is provided, and it is expected that supervisors will review this

written evaluation form with the student and provide direct feedback regarding the student's clinical strengths and weaknesses.

Seminar leaders will maintain primary responsibility for monitoring student progress and will evaluate student progress each semester. The seminar leader will review evaluation forms submitted by site supervisors and the student's evaluations of his or her practicum site. The seminar leader will discuss each student's progress with his or her site supervisor and will assign a grade of satisfactory/unsatisfactory ('S'/'U') each semester.

Any students who experience difficulties of any kind on their practicum are expected to consult with their seminar leader and the Director of Clinical Training as appropriate. Practicum supervisors are advised to contact the practicum seminar leader and/or the Director of Clinical Training with their concerns as they arise.

Procedures for Minor Practicum Remediation

Requests for minor remediation within the ordinary time frame of practicum placement can be handled informally. This request might come from any relevant personnel such as supervisors, seminar leaders, or the Director of Clinical Training. Such remediation would be part of ongoing course work and handled as other in-course assignments, typically through consultation between the seminar leader and practicum supervisor.

Process for Remediation of Clinical Skills

Students on practicum who may need remediation in clinical training are referred to an ad hoc Student Professional Development & Support (SPDS) committee, which will examine all pertinent information related to the student's clinical competency. The goal of the SPDS committee is to assess clinical and professional deficiencies and develop a remediation plan accordingly. The remediation plan may include additional training, additional coursework, or remedial practicum. Consequences for failing to meet the remediation plan goals will be noted on the remediation plan. Failure to successfully complete a practicum experience will result in a grade of "U" for *Unsatisfactory* and dismissal from the Program. The Director of Clinical Training will oversee and track the progress of students on all SPDS committees related to clinical competencies.

Professional Conduct

Students are expected to conduct themselves in an ethical and appropriate manner at the Clinical Training Site and to become familiar with the *Ethical Principles and Code of Conduct* and *Guidelines for Providers of Psychological Services* published by the American Psychological Association as well as duty to warn and confidentiality requirements of professional psychologists in the state of Georgia. Furthermore, students are expected to follow the College of Health Professions guidelines stated in the community of respect section of the *Student Handbook*.

Students are expected to conduct themselves in a manner consistent with the principles of the profession of psychology *at all times*, including outside of the classroom and practicum. Enrolling in the practicum and signing the Individual Training Agreement constitute an agreement to abide by these guidelines. The following are examples of inappropriate and/or unethical behaviors on a practicum:

1. Acting in a manner inconsistent with the tenets of psychology as published in the *APA: Ethical Principles of Psychologists and Code of Conduct*, and/or duty to warn and confidentiality requirements of professional psychologists in the state of Georgia.
2. Failure to follow Program guidelines.
3. Failure to appear for any scheduled event at a training site without notifying the supervisor in advance of absence and copying (cc'ing) the practicum seminar leader on that notification.
4. Taking vacation time without obtaining prior approval from the supervisor.
5. Taping an interaction or playing a tape of an interaction with a patient without the express permission of the supervisor and patient.
6. Removing materials from the training site without approval of the supervisor.
7. Withdrawing from the training site without permission of the Program.
8. Accepting a training site and then turning it down to accept another.
9. Inappropriate use of computer-generated interpretive reports.

Consequences for failure to meet the professional conduct expectations of the program and Mercer University may result in verbal warnings, written warnings, referral to an SPDS committee, a remediation plan, probation, or dismissal.

Responsibilities Concerning Practica

Practicum experiences unite student, practicum agency and supervisor, and Mercer University in a working relationship in which all parties are responsible to each other as discussed in the sections below.

Site Supervisor

Site supervisors have the responsibilities outlined below:

- Clear expectations of student participation should be communicated to students at the beginning of the practicum.
- Regular, preset, uninterrupted supervision time and clearly articulated expectations for use of supervision (tapes, process notes, etc.) are required.
- Adequate clinical opportunities to meet student training needs should be provided.
- Clear feedback to students regarding clinical competence and progress should begin early in the training year and be ongoing throughout. There should be timely completion and return of student evaluations each term.
- The seminar leader should be informed of any difficulties encountered at the practicum as early as possible, with involvement of the DCT as necessary; the DCT should be notified of any substantive changes in the practicum experience.
- Students should be oriented to the agency, including record keeping and expectations for professional conduct, before they begin their clinical work.
- The agency or program on-site director or supervisor receives no reimbursement for these services from the Clinical Psychology program. The on-site supervisor or director provides no personal therapy to the student and accepts no reimbursement from the student.

Director of Clinical Training

The Director of Clinical Training (DCT) is responsible as outlined below:

- The DCT will provide students with up-to-date practicum resource materials describing approved practicum experiences, prerequisites, expectations, and placement procedures.
- The DCT, with assistance of other Mercer University faculty, will advise students in the practicum selection and application process in order to secure a good match between student training needs and training site offerings/requirements.
- Together, the DCT and the practicum seminar leader will monitor student progress during practicum training and will be available for consultation and advisement to the practicum site and student.
- The DCT will develop new training sites and recommend their affiliation to Mercer Clinical Psychology faculty.
- The DCT will regularly visit, call, and write to individual practicum sites and facilitate a close training relationship between the school and the site.

Practicum Students

Students are responsible as outlined below:

- Students are expected to conduct themselves in reliable, ethical, and appropriately professional ways in all practicum activities, including timeliness, notification of absences (with the practicum seminar leading copies/cc'd on any such notification), permission for vacation, and other professional responsibilities.
- Students should integrate themselves into training sites and develop good working relationships with staff and patients.
- Students are expected to comply with policies and procedures at their community placement sites. Students are expected to seek clarification of any confusion or uncertainty about these policies and procedures as soon as possible with their practicum on-site supervisor or with the Director of Clinical Training (DCT).
- Cultivation of an attitude of openness to self-examination and new learning is expected.
- The DCT should be advised of any difficulties encountered at the practicum; students are expected to seek advisement and consultation in a timely manner with seminar leaders or with the DCT when any concern exists.
- The DCT should be notified of safety concerns students may have at a training site.

Practicum Guidelines Signature Page

I acknowledge receipt of the Practicum Guidelines. I hereby understand all guidelines and will uphold all requirements set forth for the Community Practicum.

Student Trainee (please print)

Student Trainee (signature)

Address

City, State, and Zip Code

Phone Number

Email Address

Agency Name

Address

City, State, and Zip Code

Phone Number

Email Address

Onsite Practicum Director Name (please print)

Onsite Practicum Director Name (signature)

Date

Onsite Practicum Supervisor Name (please print)

Onsite Practicum Supervisor Name (signature)

Date

Clinical Competencies Portfolio (CCP) Guidelines

The Clinical Competencies Portfolio (CCP) is a comprehensive assessment designed to evaluate doctoral students' competencies throughout their clinical training in the program. These components are completed at various stages of training, ensuring a thorough evaluation of students' clinical skills and development throughout their training. The CCP comprises five elements.

1. **Assessment Report**: A de-identified assessment report from an intake, semi-structured interview, structured diagnostic interview, or psych/neuropsychological testing.
    - Timing: Completed during students' second year in the program.
    - Submission: Students will first submit the assessment report to the seminar leader for feedback in the spring semester of the second year. Students should make revisions based on the seminar leader's feedback. The final report will be submitted to the Director of Clinical Training (DCT) during the summer semester of students' second year in the program (*Deadline: June 15th*). The DCT will then review the assessment report using a standardized rubric. If the student fails to demonstrate proficiency in any domain, the DCT will return it for one additional opportunity for revision. Failure to meet competency upon a subsequent review will result in an SPDS referral for remediation.

2. **Intervention Write-Up**: A de-identified therapy write-up that includes reason for referral, presenting problem, patient history, mental status exam, DSM-5-TR diagnoses, case conceptualization, treatment plan, and course of treatment.
    - Timing: Completed during students' third year in the program.
    - Submission: Students will first submit the intervention write up to the seminar leader for feedback in the spring semester of the third year. Students should make revisions based on the seminar leader's feedback. The final version will be submitted to the Director of Clinical Training (DCT) during the summer semester of students' third year in the program (*Deadline: June 15th*). The DCT will then review the assessment report using a standardized rubric. If the student fails to demonstrate proficiency in any domain, the DCT will return it for one additional opportunity for revision. Failure to meet competency upon a subsequent review will result in an SPDS referral for remediation.

3. **Advanced Case Presentation Project**: Case presentations should demonstrate competence in differential diagnosis and rationale, case conceptualization, linking theoretical concepts with therapeutic interventions, and describing the course of therapy.
    - Timing: Students will deliver their presentations (via digital presentation tools, such as PowerPoint or Canva) during the summer semester of the third year. Students will deliver case presentations in each practicum seminar leading up to this final presentation to gain experience and feedback from the practicum seminar leader.
    - Presentation: Students will present a brief case presentation (20-minute presentation + 10 minutes for Q&A) to pairs of faculty members during the first two weeks of June. Case presentations will be evaluated using a standardized rubric. If a student does not demonstrate proficiency in any domain, they will be provided with one opportunity to revise and re-present the relevant material.

Failure to demonstrate competency on the subsequent presentation will result in an SPDS referral for remediation.

4. **Practicum Evaluations:** All practicum evaluations from each semester of practicum must be submitted to the program.
    - Timing: Evaluations are completed by supervisors for each semester that they have completed practicum.
    - Submission: Students are responsible for ensuring that the program receives practicum evaluations for each semester that they have completed practicum.
    - Requirements: In order to pass this element of the CCP, competency evaluation items on the Final/End of Year Practicum Supervisor Evaluation Forms for second- and third-year practicum placements must be rated no lower than a mean value of 3 [often demonstrates this quality or characteristic, more often than not, about 75% of the time (Satisfactory)]. The supervisor also needs to indicate in their summative evaluation that the student is progressing as expected (Satisfactory). Failure to achieve a "Satisfactory" evaluation on the end-of-year practicum will result in an "Unsatisfactory" final grade and automatic dismissal from the Program.
      Note: Students must ensure that the program receives practicum evaluations for every semester of practicum. However, for the purposes of successfully completing the CCP, only evaluations from second- and third-year practicum placements are required. Departmental policy regarding grades will still apply to fourth-year practicum evaluations, even though they are not included as an official part of the CCP.

5. **Self-Reflections**: Students should complete self-reflections focusing on their clinical growth each year.
    - Timing: Self-reflections should be completed annually at the conclusion of each year starting in the second year.
    - Submission: Students will first submit the self-reflection to the seminar leader by *July 1st* of each year. Students should make revisions based on the seminar leader's feedback. The final version will be submitted to the Director of Clinical Training (DCT) by *August 1st* of students' second and third year in the program, for a total of two. Each year, the DCT will review the final self-reflection using a standardized rubric. If the student fails to demonstrate proficiency in any domain, the DCT will return it for one additional opportunity for revision. Failure to meet competency upon a subsequent review will result in an SPDS referral for remediation.

Year	CCP Component	Timing	Details & Submission Process
Second Year	Assessment Report	Spring → Summer	Submit report to seminar leader for feedback in spring; revise and submit final version to DCT by *June 15*.
	Self-Reflection #1	End of Practicum Year	Submit self-reflection to seminar leader for feedback by *July 1*; revise and submit final version to DCT by *August 1*.
	Practicum Evaluations	End of Each Semester	Ensure supervisor submits evaluation; ratings on end-of-year evaluation must meet minimum competency threshold (mean ≥ 3).
Third Year	Intervention Write-Up	Spring → Summer	Submit write-up to seminar leader for feedback in spring; revise and submit final version to DCT by *June 15.*
	Advanced Case Presentation Project	Summer	Deliver 20-minute presentation (plus 10 min Q&A) to two faculty reviewers the first two Tuesdays in June.
	Self-Reflection #2	End of Practicum Year	Submit self-reflection to seminar leader for feedback by *July 1*; revise and submit final version to DCT by *August 1.*
	Practicum Evaluations	End of Each Semester	Ensure supervisor submits evaluation; ratings on end-of-year evaluation must meet minimum competency threshold (mean ≥ 3).

Assessment Report

Required Elements and Rubric

Required Elements:

- Identifying Information and Reason for Referral
- Current Presenting Problem
- Relevant Patient/Client History
    - Prior treatment history
    - Any previous assessment results
    - Family history
    - Developmental history
    - Medical history
    - Social, academic, and work history
    - Substance use
- Behavioral Observations/Mental Status Examination
- Current assessment and/or testing results
- DSM-5-TR diagnosis
- Recommendations

Category	Proficient (Pass)	Not Proficient (Fail)	Notes
Identifying Information and Reason for Referral	Provides relevant demographic information (e.g., name, DOB, age, grade (for child/adolescent), DOE, Race/Ethnicity, Gender/Gender Identity) and Referral Information (e.g., referral source, reason for referral)	Missing relevant demographic details, content and/or grammatical errors, or lacking clarity in reason for referral.	
Current Presenting Problem(s)	Clearly identifies and describes the current presenting problem(s). As relevant, student should include information about the historical components of this presenting problem.	Fails to adequately describe the presenting problem(s).	
Relevant Patient/Client History	Adequately covers historical information regarding prior treatment, previous assessments, family, developmental, medical, social, academic, work, and substance use.	Omits or provides insufficient detail on key historical information or lacks demonstration of relevant medical or psychosocial background knowledge.	
Behavioral Observations / Mental Status Examination (MSE)	Includes descriptions of the patient's appearance and general behavior, level of consciousness and standard MSE elements such as: attentiveness, motor and speech activity, mood and affect, thought and perception (e.g., psychotic symptoms), SI/HI, attitude and insight, and the reaction evoked in the examiner.	Fails to provide thorough behavioral observations or standard elements of an MSE.	

Current Assessment and Testing Results	Includes relevant current assessment/testing results, using interviews, psychological testing, and/or behavioral assessments. Demonstrates clinical reasoning in selecting appropriate assessment methods and explains how prior evaluation information was incorporated into the current evaluation.	Lacks current assessment/testing results, content and/or grammatical errors, the choice of assessment methods is poorly justified, or fails to explain how prior evaluation information was used in the current assessment.	
DSM-5-TR Diagnosis	Offers a clear and accurate DSM-5-TR diagnostic profile that is thoroughly supported throughout the document. Ensures the diagnosis aligns with the diagnostic criteria outlined in the DSM-5-TR and is substantiated by the available evidence. Effectively synthesizes information from multiple sources (e.g., interviews, testing, medical records) to support the diagnostic conclusions.	The diagnosis is inaccurate, inadequately supported throughout the document, and demonstrates a lack of integration of diagnostic information.	
Recommend-ations	Recommendations are clearly stated, specific, and align with assessment results and/or DSM-5-TR diagnosis. Recommendations should include: • Whether intervention is recommended • The type and frequency of therapy/intervention needed • Goals and objectives to be addressed during intervention • Clear links between symptoms/test results and specific recommendations • Recommendations for additional testing or referrals, including other diagnostic concerns	Recommendations are not clearly stated, do not align with assessment results and/or DSM-5-TR diagnosis, or do not provide sufficient detail for proficiency.	
Ease of Reading	The report is well written, with no grammatical errors, adherence to ethical standards (e.g., deidentified), missing words, and spelling mistakes.	The report is poorly written, with grammatical errors, and does not adhere to ethical standards, missing words, and/or spelling mistakes.	

Intervention Write-Up

Required Elements and Rubric

Required Elements:

- Identifying Information and Reason for Referral
- Presenting Problem
- Patient History
- Mental Status Exam
- DSM-5-TR Diagnoses
- Case Conceptualization
- Treatment Plan
- Course of Treatment

Category	Proficient (Pass)	Not Proficient (Fail)	Notes
Identifying Information and Reason for Referral	Provides relevant demographic information (e.g., name, DOB, age, grade (for child/adolescent), DOE, Race/Ethnicity, Gender/Gender Identity) and Referral Information (e.g., referral source, reason for referral)	Missing relevant demographic details, content and/or grammatical errors, or lacking clarity in reason for referral.	
Current Presenting Problem(s)	Clearly identifies and describes the current presenting problem(s). As relevant, student should include information about the historical components of this presenting problem.	Fails to adequately describe the presenting problem(s).	
Relevant Patient/Client History	Adequately covers historical information regarding prior treatment, previous assessments, family, developmental, medical, social, academic, work, and substance use.	Omits or provides insufficient detail on key historical information or lacks demonstration of relevant medical or psychosocial background knowledge.	
Behavioral Observations/ Mental Status Examination (MSE)	Includes descriptions of the patient's appearance and general behavior, level of consciousness and standard MSE elements such as: attentiveness, motor and speech activity, mood and affect, thought and perception (e.g., psychotic symptoms), SI/HI, attitude and insight, and the reaction evoked in the examiner.	Fails to provide thorough behavioral observations or standard elements of an MSE.	

DSM-5-TR Diagnosis	Offers a clear and accurate DSM-5-TR diagnostic profile that is thoroughly supported throughout the document. Ensures the diagnosis aligns with the diagnostic criteria outlined in the DSM-5-TR and is substantiated by the available evidence. Effectively synthesizes information from multiple sources (e.g., interviews, testing, medical records) to support the diagnostic conclusions.	The diagnosis is inaccurate, inadequately supported throughout the document, and demonstrates a lack of integration of diagnostic information.	
Case Conceptualization	Offers a clear case conceptualization using a theoretical model. Explains underlying mechanisms and factors maintaining the client's difficulties, with attention to relevant diversity and cultural considerations.	Conceptualization lacks theoretical grounding, is vague, does not explain the factors maintaining the client's difficulties, or neglects diversity factors.	
Treatment Plan	Treatment goals are specific, measurable, and tied to conceptualization. Interventions are evidence-based and clinically appropriate and incorporate consideration of diversity factors that may impact treatment.	Goals are vague or not linked to conceptualization. Interventions are poorly described, not evidence-based, or fail to address relevant diversity considerations.	
Course of Treatment	Describes treatment process, progress, challenges, and modifications. Reflects clinical reasoning, responsiveness, and attention to diversity and cultural factors influencing treatment.	Treatment course is minimally described or lacks evidence of reflection and clinical judgment or does not consider diversity factors.	
Ease of Reading	Report is well written, with no grammatical errors, missing words, and spelling mistakes.	Report is poorly written, with grammatical errors, missing words, and/or spelling mistakes.	

Advanced Case Presentation Project

Required Elements and Rubric

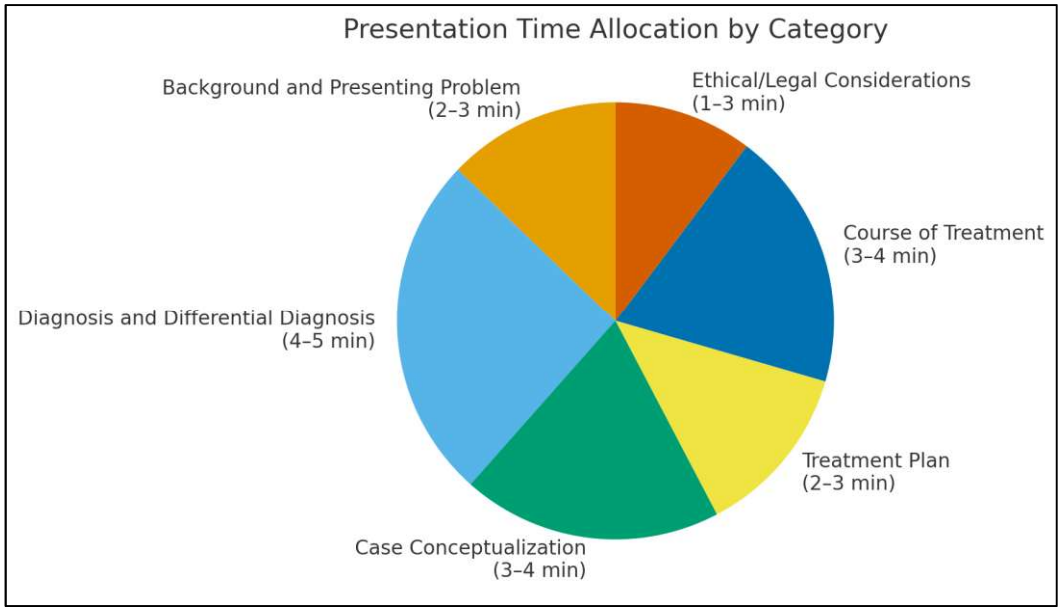
Required Elements

- Background & Presenting Problem
- Diagnosis and Differential Diagnosis
- Case Conceptualization
- Treatment Plan
- Course of Treatment (not session by session; early and mid/current)
- Ethical/Legal Considerations

Category	Proficient (Pass)	Not Proficient (Fail)	Notes
Background & Presenting Problem (2-3 minutes)	• Provides clear, concise background with relevant demographic details ☐ • Articulates the client's presenting problem including brief historical elements where relevant ☐ • Integrates diversity and cultural considerations that influence problem presentation ☐	Background and presenting problem lack clarity, omit key details, or neglect historical or cultural/diversity factors.	
Diagnosis and Differential Diagnosis (4-5 minutes)	• Provides accurate DSM-5-TR diagnosis, supported by evidence based on supporting assessment data ☐ • Discusses differential diagnoses with rationale for inclusion/exclusion ☐ • Synthesizes information from multiple sources ☐	Diagnosis is inaccurate, inadequately supported, or differential is missing/unclear. Minimal integration of sources.	
Case Conceptualization (3-4 minutes)	• Offers clear conceptualization grounded in a theoretical model ☐ • Explains mechanisms and maintaining factors ☐ • Demonstrates integration of evidence-based frameworks ☐ Demonstrates integration of cultural/diversity factors ☐	Conceptualization is vague, lacks theoretical basis, or fails to connect to presenting concerns. Minimal or no attention to cultural/diversity factors.	
Treatment Plan (2-3 minutes)	• Goals are specific ☐ • Goals are measurable ☐ • Goals are tied to conceptualization ☐ • Interventions are evidence-based, with explicit citation of relevant research ☐	Goals are vague, not tied to conceptualization, or lack specificity. Interventions are not evidence-based, lack citations, or neglect cultural/diversity factors.	

Course of Treatment (3-4 minutes)	• Clearly describes process ☐ • Clear describes progress ☐ • Discusses challenges and modifications ☐ • Reflects use of supervision and consultation ☐ • Demonstrates responsiveness to cultural/diversity factors ☐	Treatment course is inadequately described, lacks evidence of reflection, omits use of supervision/consultation, or fails to consider cultural/diversity influences.	
Ethical/Legal Considerations (1-3 minutes)	• Identifies relevant ethical and legal issues ☐ • Describes how these were addressed in alignment with APA Ethical Standards and legal requirements. ☐ *OR* • Identify one ethical dilemma and how you navigated it in accordance with the APA ethical standards ☐	Ethical and legal issues are missing, superficial, or inaccurately described. No evidence of integrating APA ethics.	
Presentation Quality	• Presentation is clear, well-organized, and engaging ☐ • Adheres to timeframe ☐ • Effectively uses professional language, cites research appropriately, and demonstrates integration of scholarly and clinical knowledge ☐	Presentation is disorganized, unclear, error-prone, lacks citations, does not adhere to the timeframe, or does not demonstrate integration of scholarly and clinical knowledge.	

Based on these time parameters, presentations may range from 15–22 minutes.



Self-Reflection Guidelines

Requirement Elements and Rubric

Required Elements

- Reflection on Initial Goals
- Reflection on Growth Over the Year
- Reflection on Supervisor Feedback
- Future Learning and Growth Plans

Category	Proficient (Pass)	Not Proficient (Fail)	Notes
Reflection on Initial Goals	Reflects on goals set at the start of the year, evaluating progress and adjustments made along the way.	Does not revisit or reflect meaningfully on initial goals.	
Reflection on Growth Over the Year	Clearly articulates how clinical skills, confidence, and understanding evolved over the year with specific examples.	Lacks depth or specificity in discussing personal clinical growth.	
Reflection on Supervisor Feedback	Reviews supervisor evaluations from both fall and spring. Identifies specific areas of strength and growth noted in feedback and provides thoughtful reflection. Explicitly indicates where areas of growth/concern appear throughout the document (e.g., sections and examples).	Does not adequately review both fall and spring evaluations. Fails to identify specific areas of strength or growth or provides minimal reflection. Lacks a clear improvement plan. Does not indicate where areas of growth/concern appear in the document	
Future Learning and Growth Plans	Outlines clear goals for the next year, including outlining a clear, actionable plan for improvement regarding supervisor noted areas of growth.	Does not provide concrete goals or a plan for continued growth.	
Clarity and Thoughtfulness	Writing is well-organized, reflective, and demonstrates critical thinking about clinical development.	Lacks clarity, organization, or depth in reflection.	

Dissertation Guidelines

These guidelines are designed as the primary resource for information about the clinical dissertation process from start to finish. Students are strongly encouraged to review these guidelines prior to developing a dissertation topic and selecting a dissertation chair/advisor.

The clinical dissertation is the capstone project of the PsyD degree. The clinical dissertation is a mentored research experience in which students integrate and apply empirical research in order to address a specific issue in clinical or health service psychology. The primary training goal of the clinical dissertation is the development of skills needed to become critical consumers of the empirical literature. The clinical dissertation resembles a traditional research dissertation (i.e., in organization and editorial standards). However, the orientation of the project is focused on clinical application of the empirical knowledge base. Clinical dissertations do not require the collection and analysis of original empirical data, although students may choose a project of this nature if they wish. In this way, the clinical dissertation is consistent with the PsyD practitioner-scholar model. The final product should represent a significant scholarly contribution to the field that is clinically relevant.

Scope of the Dissertation

A broad range of inquiry is permitted in the dissertation. Students are expected to focus upon a psychological issue that is grounded in theory and that is addressed by current research. The appropriateness of the project is determined by the dissertation chair and the instructor of CPSY 901 *Clinical Dissertation Prep I*, who will serve as the second reader of the clinical dissertation. The clinical dissertation should represent a potentially publishable review or study that could be presented to professional psychologists in a conference or workshop setting. Students are not limited to research on clinical populations. All students, however, are required to provide a clinical rationale for their proposed projects. The final dissertation document should demonstrate the following:

- Knowledge of theoretical, clinical, and empirical literature relevant to the topic studied,
- Methodological and statistical knowledge relevant to the area of inquiry,
- Ability to integrate specific research findings and synthesize them to develop clear conclusions, and
- Ability to write clearly and concisely in APA format, the style adopted by the profession.

Beyond those requirements, the clinical dissertation may take a variety of forms, including:

- A systematic literature review,
- Treatment development with production of a written manual or adaptation of an existing empirically-supported intervention,
- A case report (of a series of individuals or a group) or controlled single-subject study,
- Program development and/or evaluation,
- A new statistical analysis of archival data, and
- Original empirical research (study design, data collection/analysis, and reporting of results).

Other types of projects not listed here may also be considered, as long as they meet the requirements for demonstrating mastery of scientific literature and the ability to apply scientific theory and research to a clinical issue or problem.

Timeline for Completing the Dissertation

The sequence and detailed information about the procedures required to successfully complete the clinical dissertation are detailed below. Additional information will be discussed during the courses associated with the clinical dissertation.

- First and Second Year:
  - Develop *preliminary* topics/questions of interest.
  - Review core faculty members' areas of expertise and determine the best match for your own topics of interest.
  - Complete the rank ordering form for your Dissertation Chair / advisor by **July 1st of your 2nd year**.
    - Students will receive their assigned Dissertation Chair by August 1st of their 3rd year.
- Third Year:
  - In the fall semester, students will enroll in CPSY 901 *Clinical Dissertation Prep I*. This course is an introduction to the clinical dissertation process. In addition to introducing students to possible methodologies for the dissertation project, students will construct a research question that addresses a gap in the literature, is clinically relevant, and can be addressed in a clinical dissertation. The final project in this course is the successful completion of a dissertation prospectus by the date stated on the course syllabus.
  - Students are required to pass CPSY 901 *Clinical Dissertation Prep I* in order to enroll in *CPSY 902 Clinical Dissertation Prep II*. As part of the requirements of CPSY 902, taken in the spring semester, students will complete a written dissertation proposal and a successful dissertation proposal presentation/defense. The deadlines for these assignments will be stated on the course syllabus.
    - If revisions are required by the course instructor or dissertation chair, those need to be submitted and approved by June 1st of that year.
    - Students must successfully defend the dissertation proposal before they can apply for internship in their 4th year.

- Fourth Year
  - In the fall, students will enroll in CPSY 981 *Clinical Dissertation I*, under the instruction of their dissertation chair In this course, students will make progress on completing their dissertation, which may include: obtaining IRB approval, collecting data, conducting a methodologically based literature review or program evaluation, or developing or modifying a clinical assessment or intervention protocol.
    - Students will consult with their dissertation chair about benchmarks for appropriate progress during the semester.
    - The course grade will be determined by the dissertation chair according to the rubric on the syllabus.
  - In the spring semester, students will enroll in CPSY 982 *Clinical Dissertation II*. As part of the course requirements, students will submit a completed dissertation document to their dissertation chair and present their final dissertation to the faculty in an oral defense of their completed clinical dissertation project.
  - In the summer semester, students will enroll in CPSY 983 *Clinical Dissertation III*. The goal of the course is for students to complete revisions to their dissertation (if needed) and submit a printed, hard-bound copy of the dissertation to the Department by the end of the summer term.

- Students need to register for all three courses in their 4th year in order to meet the credit requirements of the Clinical Psychology curriculum.

The Dissertation Chair

The dissertation chair is the faculty member with whom the student will work most closely. The chair acts as the major advisor, although other faculty and professionals may also help to develop the dissertation and provide suggestions for changes to dissertation documents.

The dissertation chair is the major line of quality control for the clinical dissertation, and, as such, must be critical and evaluative. In order to develop a good working relationship, dissertation students should communicate their needs clearly to their dissertation chairs. Chairs work closely with students to set realistic goals and to provide guidance for completion of tasks. Students should bear in mind that the responsibility for the quality of the work and its timely completion is primarily theirs. A timeline for steps toward completion of the project when taking course credit for CPSY 981, CPSY 982, and CPSY 983 should be developed collaboratively between the chair and the student for mutual accountability. More information can be found in those course syllabi.

Changes in a student's dissertation chair are rare and require that the student request formal approval from the Department Chair. Such a request should provide a clear rationale for requesting the change. Replacements for dissertation chairs who leave the Program's faculty will be discussed collaboratively by the student and the faculty and recommended to the Department Chair, who will determine final assignments.

Dissertation Project Documents and Milestones

Please note that the student is responsible for the academic integrity of all work associated with the dissertation project. Although faculty and other professionals may provide editorial input and assistance with tasks such as statistical analyses, all components of the dissertation must represent independent, original scholarship (e.g., enlisting a statistical consultant to conduct analyses or using a professional copyeditor would be ethical violations). Students should not consult any sources outside of the dissertation chair and committee members without prior written approval of their dissertation chair.

All work submitted as a part of the clinical dissertation process must adhere to the guidelines of the latest edition of the *APA Publication Manual.* The student's dissertation chair is primarily responsible for monitoring compliance with APA format. The chair can assist the student with writing issues such as clarity and organization, in addition to providing guidance about content. However, students should bear in mind that they are solely responsible for the finished product, which must be original work.

As a handbook on grammar and APA formatting, the *APA Publication Manual* is not comprehensive but does an excellent job of covering precisely those points that seem to give students the most trouble. Some of these grammatical rules are largely universal today. Other rules take a position where several forms are acceptable among grammarians. Certain grammatical errors have become so commonplace that they are sometimes accepted as correct. However, the formality and rigor of a doctoral dissertation calls for strictly correct usage.

Students should also note that respect for diversity includes consideration of bias in language. The *APA Publication Manual* provides guidelines for reducing such bias. Specific examples are given to help guide revisions of text. Recommendations for reducing bias in language address gender, sexual orientation, racial and ethnic identity, physical challenges, and age.

The Dissertation Prospectus

This prospectus is a description of the student's planned dissertation topic/idea, rooted in the scientific literature. It should include a description of the importance of the topic, what is known and not yet known, what the research aim/question is, and the proposed methodology. The completion of the clinical dissertation prospectus is a primary course assignment in CPSY 901 *Clinical Dissertation Prep I*.

The Dissertation Proposal

The completion and oral defense of the clinical dissertation proposal are primary course assignments in CPSY 902 *Clinical Dissertation Prep II*. The dissertation proposal should be written in APA format and contain a title page, abstract, references, and relevant appendices, along with two primary sections: the introduction and the proposed method.

Introduction

As any good research proposal or published research article, the clinical dissertation proposal should include information on the importance of the topic (or statement of the problem in the field), including its clinical relevance, and a preliminary review of the literature, including what is known and where the gaps in knowledge are that the proposed study aims to fill. There should be a clearly stated research aim. The introduction starts broad and ends with a narrow focus on the proposed study aim.

Specifically, this section of the proposal should provide the introduction to the problem or issue that will be addressed by the dissertation project. This introduction should demonstrate the theoretical and/or practical significance of the topic, as well as the general approach used to address this topic in the empirical literature. A major goal of the dissertation is to demonstrate that the student can critically evaluate the empirical literature or conduct an empirical investigation to address a psychological issue that is relevant to professional practice. This section should make the scientific and clinical rationale of the proposed project explicit. It should end with a clear statement of the primary focus of the dissertation—the research question/study aim—and any hypotheses. Relevant subheadings may be used throughout the introduction.

This section should also contain a brief, critical review (i.e., including synthesis and analysis of previous studies, not just straightforward reporting of findings) of the literature relevant to the dissertation topic. If the proposed dissertation is a systematic review, this section will primarily serve to highlight the research question and review a few exemplary studies that have contributed to the development of that question. With guidance from the instructors in CPSY 901 and 902, along with the dissertation chair, the student must determine whether there is a sufficient literature to support the proposed study. The student should provide an indication of the amount and quality of the existing empirical literature available to address the proposed dissertation topic. Thus, it is important that the initial review includes enough articles to

document the amount of literature available, the variability of types of studies, and the quality of the published research.

Proposed Methods

This section of the dissertation proposal should adhere to APA format and should offer a clear, systematic research plan to be followed. It should describe the conceptual framework, literature review strategy or other research methods, and plans for data analysis. The exact content of this section will vary depending on the format of the proposed project but will generally include a description of:

- The participants, clients, or subjects involved (in a systematic review, studies, not participants, are the subjects; criteria for study inclusion/exclusion should be proposed).
- Procedures for conducting the project (in sufficient detail for someone else to conduct the study).
- Planned measures to be used in the current project (provide a citation and brief description for each measure and a summary of its psychometric properties).

Although the specific content and structure of the dissertation proposal may vary, all dissertation proposals need to address all of these essential elements (i.e., making clear the clinical relevance of the project, an initial literature review, and a comprehensive outline of the proposed methods.)

The proposal document is expected to be a minimum of 10 pages of text (excluding title page, abstract, references, and any appendices). In general, the student should assume that the readers are knowledgeable psychologists but ones who may not be experts in the specific topic area.

As a course assignment in CPSY 902, students will work on a number of drafts of the dissertation proposal, ensuring the quality of the project. As part of the course, evaluation of the final dissertation proposal will be completed by the course instructor, in consultation with the dissertation chair. More details on the evaluation of the clinical dissertation proposal will be provided in CPSY 902. If appropriate, the proposal may be used, with appropriate revisions, as the introduction to the final dissertation document.

Proposal Defense

The formal defense of the dissertation proposal is designed to ensure that the student has a workable plan that meets the standards of scholarship and scientific sophistication appropriate to earning a doctoral degree. The student may be questioned about any aspect of his or her dissertation proposal. Students should be prepared to explain their topic, specific issues, clinical rationale, the proposed method, and the scope and quality of the published literature.

The proposal defense is a required course assignment for CPSY 902. In addition to developing and refining the clinical dissertation proposal, time will also be spent in class preparing for the proposal defense. As part of the course, evaluation of the clinical dissertation oral defense will be completed by the course instructor, in consultation with the dissertation chair. More details on the evaluation of the clinical dissertation oral defense will be provided in CPSY 902.
Note: Students will not be permitted to orally defend their dissertation proposal if they do not have a completed final draft of their dissertation proposal document, as approved by both their CPSY 902 course instructor and dissertation chair.

Upon successful completion of the proposal document, including necessary revisions if required, and proposal defense, the dissertation chair and CPSY 902 course instructor, or second reader, will sign the *Oral Defense of the Dissertation Proposal*. Students must submit the signed form to the Program Specialist.

Final Dissertation Document

The final document will vary somewhat in length, format, and organization based on the type of dissertation project completed. The dissertation document should contain clear conclusions about, and implications for, the issue addressed by the project. As a significant piece of scholarship, the final dissertation document should be well-organized, well-written, and professionally presented.

All dissertation documents should be prepared in accordance with the current edition of the *APA Publication Manual*, including adhering to editorial and grammar standards expected of doctoral psychology students. The final dissertation is expected to be a minimum of 20 pages of text (excluding references and appendices).

The dissertation chair will evaluate the final dissertation document using a standardized rubric and will assign an outcome of pass, fail, or pass with minor or major revisions (pass with revisions is the most common). Assessment rubrics that the dissertation chair uses to evaluate the clinical dissertation document will be provided in CPSY 982.

Final Dissertation Defense

Upon approval of the dissertation document, dissertation chairs will inform their students that they may proceed to the final dissertation defense.

During the final dissertation defense, students present a brief synopsis of their work that includes the rationale for the topic chosen, methods, primary findings, and conclusion. This presentation serves as a basis for questions and comments from the faculty. Like the proposal defense, the final oral defense is an examination of the scholarship and the quality of the research and the student's competency in presenting it. The student must be prepared to discuss all aspects of his or her project, including theoretical and clinical implications and methodological strengths and weaknesses of the research.

The dissertation chair and one additional faculty member will evaluate the final dissertation defense using a standardized rubric. The oral defense of the dissertation is completed as a course assignment for CPSY 982. Assessment rubrics used to evaluate the clinical dissertation oral defense will be provided in CPSY 982.
Note: Students will not be permitted to orally defend their dissertation if they do not have a completed dissertation document, as approved by both their dissertation chair.

Upon successful completion of the written dissertation document, including necessary revisions if required, and oral defense of the dissertation project, the dissertation chair and one additional faculty evaluator will sign the *Oral Defense of the Dissertation* form. Students must submit the signed form to the Program Specialist.

Hard-Bound Submission of the Completed Dissertation Document

Once students have successfully completed their dissertation document, including having all required revisions approved by their dissertation chair, and orally defended it, they will send the dissertation document for binding. A hard-bound copy, which should include the Department-approved title and completed signature page, must be sent to the Department.

Note: In accordance with the curriculum plan, students will complete their clinical dissertations prior to completing their predoctoral internship. However, students who do not have a completed and approved dissertation document and oral defense of it by spring of their internship year will not be permitted to participate in the campus graduation ceremony.

Oral Defense of the Dissertation Proposal

The dissertation chair and CPSY 902 instructor, or second reader, will sign this form after the proposal defense has been passed. The student should bring this form to the defense meeting, obtain appropriate signatures, and then submit it to the Program Specialist.

Student Name: _____

Proposed Dissertation Title:

_____

_____

_____

Signatures indicate that the student has passed the oral defense of the dissertation proposal. Any remaining required revisions to the proposal document will be overseen and approved by the dissertation chair.

Dissertation Chair:

_____ _____

Printed Name Date

_____ _____

Signature Date

Second Reader/CPSY 902 Course Instructor:

_____ _____

Printed Name Date

_____ _____

Signature Date

Student:

_____ _____

Signature Date

Oral Defense of the Dissertation

The dissertation chair and one additional full-time faculty member will sign this form after the defense has been passed. The student should bring this form to the defense meeting, obtain signatures from committee members, and then submit it to the Program Specialist.

Student Name: _____

Clinical Dissertation Title:

_____

_____

_____

Signatures indicate that the student has passed the oral defense of the clinical dissertation. Any remaining required revisions to the final dissertation document will be overseen and approved by the dissertation chair.

Dissertation Chair:

_____ _____

Printed Name Date

_____ _____

Signature Date

Faculty Evaluator:

_____ _____

Printed Name Date

_____ _____

Signature Date

Student:

_____ _____

Signature Date