

Internship Training Attestation Form (ITAF)

Student Information: Please have your student provide you with the following demographic information.

Name: _____
Address: _____
Address 2: _____
City/Town: _____
State: _____
ZIP: _____
Phone Number: _____

Supervisor Information: Please provide your information below.

Name: _____
Your Title: _____
Institution: _____
Address: _____
Address 2: _____
City/Town: _____
State: _____
ZIP: _____
Phone Number: _____

Psychology Certification/License:

State/Province: _____
Year Issued: _____
Certificate Number: _____
State/Province: _____
Year Issued: _____
Certificate Number: _____

ABPP Diplomate:

Number: _____
Clinical: _____
Counseling: _____
Industrial: _____
Year Awarded: _____

Are you an APA Fellow? Yes No

If Yes:
Year awarded: _____
In which Division(s)?: _____

Student Work Experience Attested to:

Institution Name and Location:

Student's start date: _____

Student's End date: _____

Please describe briefly job duties:

Total number of hours of Internship (Full-year): _____

Frequency of Supervision:

1 = One hour weekly 2 = One hour biweekly
3 = Two hours weekly 4 = Two hours biweekly

Individual Face to Face on site: 1 2 3 4

Seminars: 1 2 3 4

Group Supervision: 1 2 3 4

Apprenticeship Activities: 1 2 3 4

Others 1 2 3 4

Other (please specify):

Signature Sheet:

Please print out this page and sign in order to attest officially to the information you have provided in regards to this student's training. Please send this sheet and the previous evaluation signature sheet to the following address:

Yeshiva University
Ferkau Graduate School of Psychology
Rousso Building-126
1300 Morris Park Ave.
Bronx, NY 10461
Attn: Director of Clinical Training

I attest to the information I have provided on behalf of my supervisee.

In compliance with the APA's IR-C 17, I attest that I have direct knowledge of the supervisee's clinical skills by direct observation (live or video-tape).

Institution

Intern

Supervisor (Please Print)

Signature

Date