1) *Organized Sequence of Training.* Practicum training follows appropriate academic preparation and should be an organized, sequential series of supervised experiences of increasing complexity, serving to prepare the student for internship and partially meeting the requirements for licensure. Unfortunately many practicum students are placed at sites based on availability, or willingness of sites to provide training, not the educational or training needs of the student.

2) *Breadth and Depth of Training.* Practicum training must be an extension of the student’s academic coursework, but not beyond the scope of his education. There must be a written plan between the student, the practicum training site, and the graduate training program, including allotment of time, quality, breadth, and depth of the experience, goals and objectives, methods of evaluating performance, and reference to jurisdictional regulations governing the supervision.

3) *Hour Requirement.* Practicum experiences anticipated to satisfy the first year of a two-year training sequence must be a minimum of 1,500 hours of supervised professional experience. At least 50% must be in service-related activities (defined as treatment/intervention, assessment, interviews, report-writing, case presentations, and consultations), and 25% devoted to face-to-face patient/client contact. Time spent in supervision will also count toward the 1,500 hour requirement. The entire supervised experience, including practica, internship, and
face-to-face supervision must total a minimum of 3,000 hours. This is already the legal requirement for many jurisdictions.

4) *Supervision*. Individual face-to-face supervision must be no less than 25% of the time spent in service-related activities, and 25% of supervision hours can be in a group setting. For example, a student who works in a 16-hour per week practicum that involves 8 hours per week of service-related activities, including 4 hours of direct, face-to-face patient/client hours would be required to receive 2 hours of supervision (25% of the total 8 hours of in-service related activities = 2 hours). Also, the supervisor must be accessible and timely in providing feedback that addresses past psychotherapy sessions, as well as preparation for future ones.

5) *Supervisor Qualifications*. The onsite supervisor has responsibility for the entire practicum experience and must be a licensed psychologist. The supervisor must also be on the staff of the supervisory site, in order to understand the agency’s dynamics (e.g., culture of the institution, personal or professional rivalries), pressures (e.g., departmental, financial, political, legal), client population (e.g., multicultural; gay, lesbian, transsexual; adolescent; HIV or other chronically ill patients; elders; couples;), intervention strategies (e.g., individual therapy; group approaches; experimental interventions), and site limitations (e.g., diversity of clients/patients, financial resources, technology, physical resources). Up to 25% of the supervision may be provided by a licensed allied mental health professional (e.g., psychiatrist, clinical social worker), or provided by a psychology intern or an individual completing postdoctoral supervised experience who is supervised by a licensed psychologist.
6) Training Sequence. Several part-time practicum placements may be combined to satisfy the requirement. Generally, the development of professional identity and professional relationships, including both peers and mentors, requires that a given practicum training placement reflect a minimum of 15 hours per week for a minimum of 30 weeks. And the pre-internship practical experience of a student usually involves training in two or more settings.

7) Setting. Supervised professional experience leading to licensure must occur in psychological services settings that have the goal of training professional psychologists as a part of their organizational mission. A “psychological service setting” is broadly defined as any setting where psychological services are provided by a licensed psychologist. This would likely exclude a clinic that simply would like to employ interns for minimal financial compensation, or one with no identifiable mission as being a training site and no psychologist responsible for the overall high level supervision of each trainee.