

### **Clinical Psychology Student Information and Agreement Form**

I understand that Lakehead University's Clinical Psychology MA and PhD programs are professional programs that train students to be both scientists and practitioners. To fulfill the professional practice training component of the program, students engage in professional psychological activities under the supervision of individuals who are both registered Professional Psychologists and Regulated Health Professionals in the Province of Ontario (or other provinces). As such, both supervisors and students must be aware of and abide by all the legislation, standards, and guidelines relevant to members of the College of Psychologists of Ontario (CPO), including but not limited to the items listed in Schedule I attached to this Form. When training in other provinces or countries, students must also be aware of and abide by the legislation, standards, and guidelines relevant to members of the relevant provincial licensing board.

By accepting the offer of admission to Lakehead University's Clinical Psychology MA or PhD Program and enrolling in the program, I expressly agree to comply fully with the Regulated Health Professions Act, the Psychology Act of Ontario, the Ontario regulatory board Standards of Professional Conduct, and the Canadian Code of Ethics for Psychologists. I also agree to comply with all other applicable provincial and federal laws, all of the Rules and Code of Conduct of the Licensing Board of Psychology of Ontario and other provinces or countries where I study or train for my Lakehead University degree, and the rules of the institution in which I am a practicum student or intern.

I understand and agree that, as a student in the Clinical Psychology program, I have the responsibility of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications. The CPO outlines five areas of skill and knowledge that are important for clinical practice identified in Schedule II to this Form. I understand that I should work on developing and demonstrating competency in each of these areas. I also understand that any evidence of professional unsuitability such as failure to abide by any of the legislation, standards, and guidelines relevant to members of the CPO (or other provincial colleges when training in other provinces), could lead to my dismissal from the program.

I understand and agree that my student file may be made available on a confidential basis to site visitors of accrediting bodies for the purpose of evaluating the program and that they may disclose and use the personal information in my file for no other purpose without my consent except to the extent that the law may otherwise require.

I hereby further agree that personally identifiable information about me, including but not limited to my academic and professional qualifications, performance, and character, in whatever form maintained, may be confidentially provided by my academic program to any practicum or internship training site to which I have applied and/or will match for the purpose of evaluation of applications or training performance, developing training plans, enhancing benefits derived from supervision, addressing training areas of weaknesses, and protection of public safety. I further agree that, following any practicum/internship match, similar information may be confidentially provided by the practicum/internship site to my graduate program and by my graduate program to the practicum/internship site. I understand that such exchange of information shall be limited to my graduate program, any practicum site, and/or any internship site, that the information will be disclosed only to and used only by personnel who actually need the information to perform their duties, and that such information may not be disclosed to other parties without my consent except to the extent that the law may otherwise require. This authorization remains in effect for the duration of my enrolment in the program.

**I HAVE READ AND UNDERSTOOD AND INTEND TO BE BOUND BY THIS AGREEMENT IN ITS ENTIRETY, INCLUDING ITS SCHEDULES. I EXECUTE THIS AGREEMENT VOLUNTARILY.**

Student Name (Please Print)	Signature	Date
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Witness Name (Please Print)	Signature	Date
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