
Potential supervisors for Graduate Students in the Graduate Program in Clinical Psychology agree to familiarize themselves with the training requirements for students in the Graduate Students in Clinical Psychology (see attached summary on page 3). Many aspects of the clinical program have been created to match Canadian Psychological Association (CPA) accreditation standards and national standards for registration as a clinical psychologist post-PhD. Potential supervisors are asked to pay attention to milestones that are dependent on research progress, and this includes the Transfer from MA to PhD before year 2 and the defense of the PhD proposal which is required to apply for the predoctoral clinical residency in year 4. Not meeting milestones could result in serious consequences for clinical students (ranging from discontinuing the clinical program to delaying important aspect of training such as applying for residency applications, which will have funding implications for students). Funding decisions are separate from this document, and the details are in the Clinical Program Funding Policy.

We ask that all potential supervisors understand that the Graduate Program in Clinical Psychology training program is course heavy and involves hundreds of hours of clinical training because students are in an accredited health professional training program in addition to completing a doctoral dissertation.

As such, to best support students and supervisors, and coordinate progress evaluations and collaborative problem-solving, we ask that supervisors of Graduate Students in the Graduate Program in Clinical Psychology agree to the following policies in addition to those detailed by CGPS.

1) Each PhD advisory committee should contain at least 1 CEC member (i.e., core clinical faculty or staff psychologist); if the primary supervisor is a CEC member, no additional CEC members are required on the advisory committee. Some of the clinical program milestones are clinical; therefore, some members of the advisory committee will advise on research progression, and some will advise on clinical program progression. For example, the applications for pre-doctoral clinical residency will need to be mentored by the clinical faculty member who serving on the PhD advisory committee, which for some students will be their primary supervisor, and for others will be the CEC committee member. It is possible that the CEC member is an additional member to an advisory committee; for example, in instances where committee members are needed for research expertise, the CEC member would be added to mentor regarding clinical progression vs research per se.
2) To help with the annual evaluations of students, we ask that all supervisors provide written updates of dissertation progress to the CEC. This typically occurs in Spring Term.

3) Students need to balance clinical practice and coursework demands with the rigor required for their dissertation. If the student is struggling with finding this balance to the point that their progress in the Graduate Program in Clinical Psychology is impeded, the CEC will consult the supervisor and the student to collaboratively attempt to resolve the situation.

4) Candidacy assessments (formerly comprehensive exams) are managed fully by the CEC because these are more clinically focussed.

5) The following admissions procedures are relevant for complementary faculty accepting potential clinical psychology students:
   a. Complementary faculty who are potential supervisors will be asked to review files of applicants who are prospective supervisees and provide CEC with a written summary of applicants who they would wish to have considered by the CEC as approved for an interview shortlist.
   b. If CEC shortlists the applicants for an interview; the complementary faculty supervisor will first interview the applicant, and if they remain interested in being a supervisor for this applicant, they will inform CEC who will arrange for a second clinical interview from a CEC member.
   c. The complementary faculty supervisor will provide a written summary of the interview and the applicant’s suitability for admission to the program (see summary sheet template on shared drive) for the CEC.
   d. CEC will use this written information and the second CEC interview to determine suitability for admission in the professional training program, and CEC will rank applicants and inform the complementary faculty supervisor of the outcome.

Admissions are multi-step, and decisions are based on academic achievement and clinical potential vs academic achievement and supervisor research match. On our website we warn applicants that it is unlikely for a potential supervisor to meet with them or to be able to engage in discussion of potential supervision fit until after the interview shortlist has been created.
WHAT IS INVOLVED IN TRAINING A CLINICAL PSYCHOLOGIST?

Year 1 Coursework
- Ethical and Professional Issues in Clinical Psychology
- Psychological Assessment I: Personality assessment
- Psychological Assessment II: Cognitive assessment
- Statistics
- Psychopathology and Individual Differences

Year 2 Coursework
- Intervention I: Introduction to Therapy
- Program Evaluation
- Foundations Course 1
- Foundations Course 2

Year 3 Coursework
- Intervention II: Specific systems of psychotherapy
- Advanced Psychopathology and Individual Differences: Focus on child assessment
- Supervision: Theory and Practice in Clinical Supervision
- Learning from Indigenous Cultural Perspectives on Health and Healing

Year 4 Coursework
- Supervised clinical placement
- Defend doctoral dissertation proposal to a committee of experts
- Supervised clinical placement
- Year 4: Focus on dissertation research & applying for residency
- Any remaining Foundations courses
- Supervised clinical placement
- Year 5: Pre-doctoral residency - match process to hospital sites across North America. One year full-time immersion in supervised clinical work
- PhD Defense: Completed additional dissertation and defended to an external expert

Registration: Registration as a clinical psychologist to practice independently as a mental health practitioner