UNIVERSITY *of* FLORIDA
College of Public Health and Health Professions

Department of Clinical and Health Psychology

Doctoral Program in Clinical Psychology
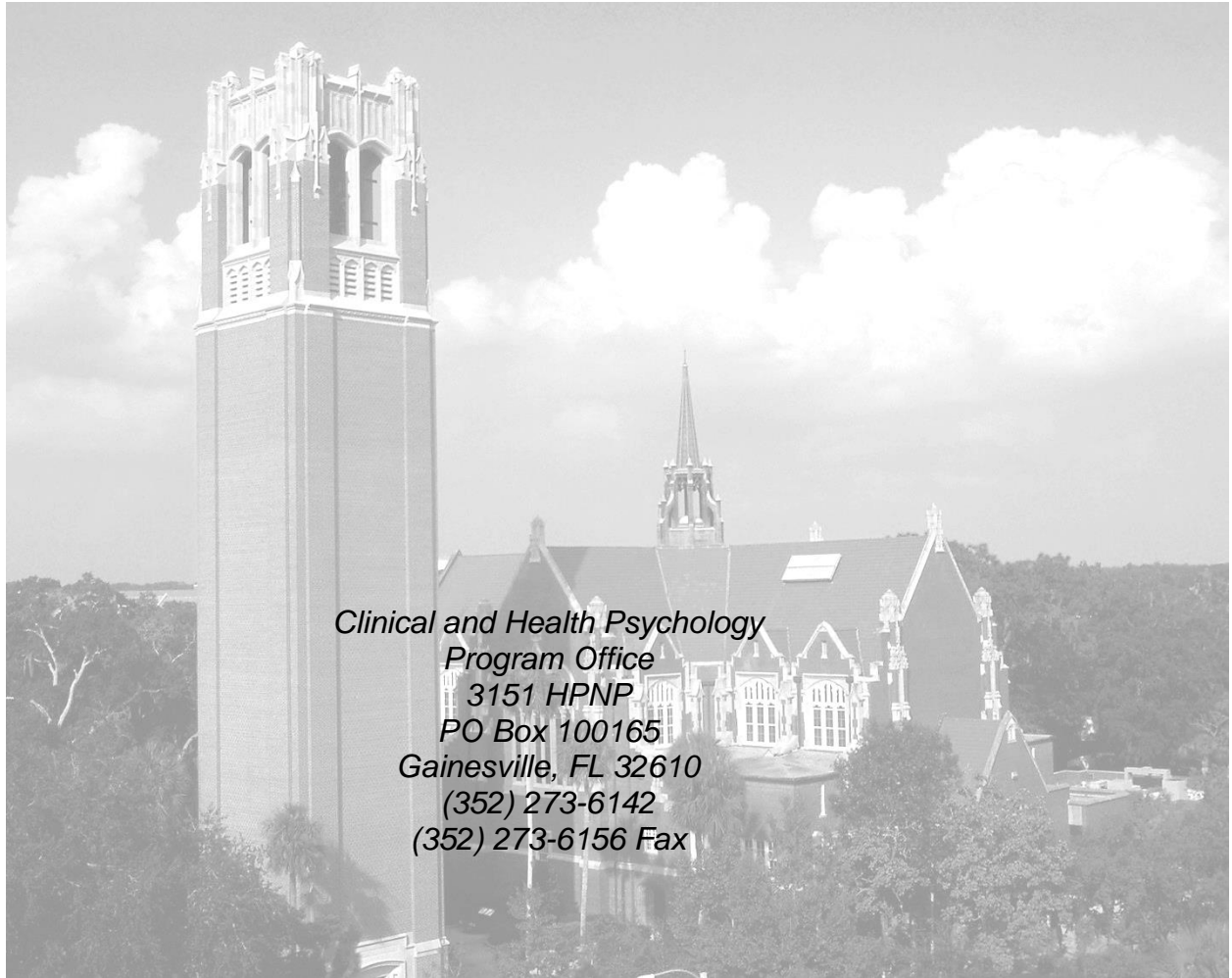
2021 – 2022

(Revision dated 10/14/2021)

Room 3151 HPNP Building
PO Box 100165
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(352) 273-6142
(352) 273-6156 FAX
http://chp.phhp.ufl.edu/academics/doctoral-in-clinical-psychology/

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Office of Program Consultation and Accreditation
(202) 336-5979

Clinical and Health Psychology
Program Office
3151 HPNP
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On behalf of the students and faculty of the Department of Clinical and Health Psychology (CHP), I would like to welcome you to our graduate program. This handbook is intended to be used as an aid in successfully progressing through the CHP program. It includes procedures, policies, and regulations for the Department, College, and University of Florida. It should be noted that this handbook does not include ALL College or University of Florida policies, but references those that are most pertinent to our Ph.D. students. Whenever possible we have included relevant web addresses for your reference. Please also review the UF Graduate School Handbook in particular.

All students should familiarize themselves with this handbook, as well as with the University of Florida and Graduate School policies. All new CHP students are required to read this handbook and attest as such within Canvas by September 30.

Important links you should familiarize yourself with are:

Ethical Principles of Psychologists and Code of Conduct
http://www.apa.org/ethics/code/

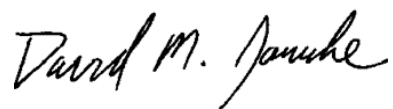|	
UF Graduate School	http://graduateschool.ufl.edu/
UF Graduate School Catalog	http://gradcatalog.ufl.edu/
UF Graduate Student Handbook	http://graduateschool.ufl.edu/media/graduate-school/pdf-files/handbook.pdf
UF Graduate School Editorial Office	http://helpdesk.ufl.edu/application-support-center/graduate-editorial-office/
Thesis and Dissertation Deadlines	http://graduateschool.ufl.edu/about-us/offices/editorial/editorial-deadlines/
UF General Website	http://www.ufl.edu/
Graduate School Calendar	http://graduateschool.ufl.edu/graduate-school-calendar/
Gator GradCare	http://hr.ufl.edu/benefits/health-insurance/gatorgradcare/
My UFL	https://my.ufl.edu/ps/signon.html
UF Registrar Forms	http://www.registrar.ufl.edu/forms.html
Health Science Center Privacy Office	http://privacy.ufl.edu/uf-health-privacy/
CHP	http://www.chp.phhp.ufl.edu/
CHP Intranet	https://internal.phhp.ufl.edu/chp/

Again, welcome to the CHP Program and I wish you success as you progress through the program.

Kimberly A. Driscoll, Ph.D.
Associate Professor and
Director of Clinical Training

Michael Marsiske, Ph.D.,
Professor and Associate Chair for
Research and Graduate Studies

David M. Janicke, Ph.D., ABPP
Professor and Chair

Mission and Vision Statements

Clinical and Health Psychology

MISSION STATEMENT

The Department of Clinical and Health Psychology educates tomorrow's leaders in Psychology in the scientist-practitioner tradition, advances psychological science and improves the health and quality of life of all people through excellence in research, education and health service delivery.

VISION STATEMENT

We endeavor to provide a collegial environment that advances scholarship and the pursuit of knowledge while striving for excellence in both graduate education and training and the delivery of the highest quality of health care services. On a daily basis, we focus upon the integration of science and practice in all our activities. The faculty, staff, graduate students, interns, post-doctoral fellows and alumni of the Department seek to maintain and advance our state-wide, national and international reputation as a "Center of Excellence" in psychological science, education and service delivery.

College of Public Health and Health Professions

Mission

The mission of the College of Public Health and Health Professions is to preserve, promote and improve the health and well-being of populations, communities and individuals. To fulfill this mission, we foster collaborations among public health and the health professions in education, research and service.

Goals

Goal I: Provide excellent educational programs that prepare graduates to address the multifaceted health needs of populations, communities and individuals.

> *Objectives*:

1. **Enroll a strong and diverse student body**
2. **Recruit and retain outstanding faculty**
3. **Maintain and enhance excellent academic programs that emphasize current knowledge, discovery and practice**
4. **Prepare students who, upon graduation, are competitive in the public health and health professions employment markets**

Goal II: Address priority health needs by conducting high quality research and disseminating the results.

> *Objectives:*

1. **Compete successfully for research funding**
2. **Promote collaborative research within the college and across the university**
3. **Produce and disseminate new knowledge that contributes to the health of communities and individuals**

Goal III: Lead and actively participate in serving our university, our professions, and individuals and communities.

> *Objectives*

1. **Develop and maintain partnerships with community organizations to promote health**
2. **Provide professional service to the community**
3. **Provide professional service to the college and the university**
4. **Provide educational programs that meet workforce development needs**

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PROGRAM PHILOSOPHY

The doctoral program in clinical psychology has been accredited by the American Psychological Association since 1953 and conforms to the scientist-practitioner model of education and training. The Clinical Psychology Doctoral program is unique in the country in that it is housed in an independent department of Clinical and Health Psychology in a major academic health science setting along with an APA accredited internship program. These features foster program strengths in research, teaching, and professional training in health care psychology.

> "The scientist-practitioner model produces a psychologist who is uniquely educated and trained to generate and integrate scientific and professional knowledge, attitudes, and skills so as to further psychological science, the professional practice of psychology, and human welfare. The graduate of this training model is capable of functioning as an investigator and as a practitioner, and may function as either or both, consistent with the highest standards in psychology. The scientist-practitioner model is ideal for psychologists who utilize scientific methods in the conduct of professional practice."
>
> (National Conference on the Education and Training of Scientist-Practitioners for the Professional Practice of Psychology) Belar and Perry, [1991].

To accommodate the broad range of career trajectories possible within scientist-practitioner education and training, the program offers a <u>flexible</u> Scientist-Practitioner curriculum that allows students to obtain broad research, clinical, and academic training that readies them for careers anywhere along the science-practice continuum. The student obtains focused research mentorship in a faculty member's laboratory and obtains broad training   in clinical psychological science, clinical assessment and intervention both inside and outside of their designated area of concentration. Beyond the core require   ments of the program, students are allowed some degree of flexibility in developing an individualized plan of study that prepares them for their intended career path.   Some students may elect to focus more intently on developing broad evidence-based assessment, intervention, or consultation skills in health service psychology, while others may elect to focus more intensively on the acquisition of research skills, training in scientific methods and technologies in preparation for an academic research career. Curricular planning together with the mentor and supervisory committee allows the student to obtain broad professional training that features increasing levels of independent functioning in health service psychology, or to obtain more intensive research and technical skill while spending less time in clinical training with the general faculty. Regardless of which path the student chooses, developing academic competencies in core areas of psychological and clinical psychological science and practice, competencies in research and knowledge dissemination, and competencies in health service delivery are built in all graduates. It is expected that all graduates of the doctoral program will have the necessary background to seek licensure and board certification in relevant areas.

All students admitted to graduate study in the Department of Clinical and Health Psychology are expected to work toward the Ph.D. degree. The program is designed so that the student can master broad areas of knowledge in psychology and clinical psychology, can demonstrate competency to contribute to the knowledge base of the field through research and scholarship, can develop professional knowledge, skills and attitudes in psychological assessment, consultation and intervention, and can develop an appreciation for the role of cultural diversity in

research and clinical work while obtaining knowledge and practical skills in a defined major area of study. The doctoral program is comprised of core requirements along with elective study areas chosen by the student.

The following regulations apply specifically to the 20202021-   2022 entering class in the Department of Clinical and Health Psychology and are *in addition* to those in the Graduate School Catalog and those summarized in the Graduate Student Handbook. Requirements for previous cohorts are outlined in the handbook they received at the time of their first registration. All students should retain a copy of the student handbook that applies to their entering class. Previous year handbooks are available on the Department intranet. These regulations are provided to all students upon matriculation in the program, and it is the student's responsibility to read these materials and to comport themselves accordingly.

> "The student is responsible for becoming informed and observing all program regulations and procedures. … Rules are not waived for ignorance" (University of Florida Graduate School Catalog)

The purpose of these regulations is to facilitate progress through the program and to provide students with common explicit procedures and standards. Please be sure to keep these documents on hand, and review them on a periodic basis. Updates and additions will be provided throughout the course of graduate study, and it is up to the student to keep their handbook current by adding new policies to it. If new policies are established during the student's tenure in the program, specific instructions and dates of implementation will accompany each new policy. With regard to program requirements, students are responsible for fulfilling those requirements in place at the time of matriculation.

The Clinical and Health Psychology graduate student is also responsible for knowledge of the ethical principles and standards of the American Psychological Association and is bound to these as guidelines in their role as a student. A copy of the current APA ethical principles, standards and code of conduct is available at http://www.apa.org/ethics/code. In Florida, practice as a psychologist is governed by statute. Graduation from the doctoral program in clinical psychology does not by itself qualify a person to practice as a psychologist, nor does it guarantee that the graduate will pass all requirements or be eligible for licensure in all states.

For further information, the student should consult the Association of State and Provincial Psychology Boards (ASPPB) website at http://www.asppb.net/

For Florida information, students should contact the Board of Psychology, 4052 Bald Cypress Way, BIN C05, Tallahassee, FL 32399-3255, Phone (850) 488-0595, or visit the Board of Psychology website: http://floridaspsychology.gov/

GENERAL INFORMATION

Setting

The first programs leading to the Ph.D. at the University of Florida were initiated in 1930, although Masters programs date back to 1906. The Graduate School is responsible for the enforcement of minimum general standards of graduate work throughout the University. The responsibility for the detailed operations of graduate programs is vested in individual Colleges and Departments.

The Department of Clinical and Health Psychology administers the Doctoral Program in Clinical Psychology. Upon graduation, students obtain a Ph.D. in Psychology. The program has been continuously accredited by the American Psychological Association since 1953.   Our last reaccreditation grants us accredited status until our next self-study/site visit in 2023   .
David M. Janicke, Ph.D., ABPP is Department Chair. Kimberly A. Driscoll, PhD, is Director of Clinical Training, and Michael Marsiske, Ph.D., is Associate Chair for Research and Graduate Training   The Department is housed in the College of Public Health and Health Professions in the University of Florida Academic Health Center. The Academic Health Center is comprised of six colleges (Dentistry, Public Health and Health Professions, Medicine, Nursing, Pharmacy, and Veterinary Medicine) plus the UFHealth Shands Hospital, a state-of-the-art academic health care facility that is the major site for formal clinical practica required of all doctoral students. The Department operates the Psychology Clinic, the primary resource for academic and clinical expertise regarding biopsychosocial aspects of health and illness at the Academic Health Center. In addition to the clinic, students often obtain supervised clinical experience in outpatient or community-based clinics, inpatient units, and other off-campus.

According to the University of Florida Doctoral Program Profiles between 2015 and 2020, the annual median number of applications for admission received from students in universities throughout North America and other countries was 188. Currently there are about 85 students in the doctoral program, including those who are off-campus completing their internships and dissertation research.

In addition to the doctoral program, the faculty administers APA accredited Clinical Psychology Internship, directed by Dr. Lori Waxenberg, that attracts students from doctoral programs throughout the country. We also have an APPIC approved Postdoctoral Fellowship Program that is directed by Dr. Deidre Pereira. The integrated training experiences of the department place post-doctoral fellows, interns and graduate students together on vertical teams, to the benefit of all. The health care setting, the independent departmental status of Clinical and Health Psychology, and the integration with a nationally recognized pre-doctoral internship program all enhance our educational mission and are all unique features in current graduate education in psychology.

Faculty

Throughout this handbook, we refer to the Program Directors. This includes the Director of Clinical Training (DCT) and the Associate Chair for Research and Graduate Studies (AC). The term "core faculty" is used to describe faculty who have major education and training functions within the two departmental programs. Some of these faculty members are on the Tenure Track, while others are on the Single Mission or Multi-Mission Track. Core faculty members play integral and varied roles in the education and training of graduate students. Nearly all core

faculty are licensed psychologists who are involved in clinical practice, supervision, teaching and scholarly activities. A number of additional faculty in other units of the Academic Health Center or University play roles in the didactic, clinical and research training program. See Appendix A for a listing of graduate faculty and a sample of their current activities. A curriculum vitae for each faculty member is available for your review on the department website at http://chp.phhp.ufl.edu/people/core-faculty/.

Facilities

Each student has a physical record maintained in the Program Office, which is located in the Department's main office suite in Room 3151 HPNP. With staff assistance, students are expected to play an active role in ensuring accurate and up-to-date record-keeping to enable continuous quality improvement efforts.   It is the student's responsibility to see that this record is up to date with respect to supervisory evaluations and graduate school documents. Periodic reminders will be given to students to review their file prior to annual reviews, internship applications, or other major milestones.

A current list of contact information for faculty, interns, students, and staff can be found on the intranet portion of our website (https://internal.phhp.ufl.edu/chp/). This information is for internal use ONLY. Because this information is continuously updated, students should utilize the link on the department intranet to ensure they have the most updated information. In order to access the department intranet you must have a Gatorlink account set up. If you experience problems with the intranet, please contact the Academic Coordinator.

All students must have a Badge/Gator1 Card, which serves as a picture ID and contains a barcode that is used to access a variety of University services. Students and staff use the Gator1 card for fare-free access to the RTS bus service, to use UF Library services, to access prepaid vending, and to obtain many other campus services. This ID must be worn in patient care areas and is also used for access to labs, libraries, recreation facilities, check cashing, after-hours access (by request) to the HPNP building, and many more things, including the purchase of coveted football tickets. ID cards can be created at ID Card Services on the ground floor of the UF Bookstore & Welcome Center, http://www.bsd.ufl.edu/G1C/idcard/idcard.asp. The Department will submit authorization and payment for your Gator1 card to the bookstore, however if your card is lost or stolen, the student will be responsible for replacement fees. The cost to the student is $16.25 ($15 for the ID and $1.25 for the holder and clip). ID Services has a list of students authorized to obtain a card. Bring a current picture ID when reporting to ID Services. UF baccalaureate graduates who already have a card from undergraduate work will have to buy a new ID card as students in the HSC are required to have additional information encoded on their IDs.

Department and University communications infrastructure (computers, phones, etc.) are intended for official business only. Each student will have access to student workspace and/or faculty laboratories that contain such infrastructure. Neither the Department nor the Psychology Clinic has the resources to provide telephone answering services for students. Only patient related business may be conducted on the clinic phones. Students conducting patient-oriented research that requires telephone contact should make specific arrangements through their mentors/labs and should not rely on Clinic staff to manage these calls. Many students have message services at home that they check for incoming personal messages. Use the departmental numbers for personal contact only in the case of an emergency.

The department has a computer literacy policy, in keeping with the University-wide policy on computer access. All students must have access to a desktop or laptop computer with e-mail, word processing, presentation and data base management capabilities, using statistical languages such as R. Computer literacy is conceived as an evolving process whereby students, in the context of their formal education, acquire the knowledge and skills to utilize computer technology in the service of their professional activities. The full text of the Department's computer literacy policy is contained on the CHP website at https://chp.phhp.ufl.edu/computer-literacy-policy/and is reproduced in Appendix H. Students will need to load a vpn on their computer to access many campus resources, and *multi-factor authentication is required*. No research data or patient information are to be stored on local drives or personal computers; students should use PHHP network drives (H:\, P:\, S:\) exclusively for the storage of confidential information. All students received, as part of UF membership access to *secure* DropBox, OneDrive and GoogleDrive services. It is very important to log into these services with your Gatorlink ID   and dual factor authentication; personal cloud storage is not to be used for school/work-related purposes. Students can access PHHP network files via Terminal Server (ts.phhp.ufl.edu), Remote Desktop access to their workstations at UF, or via the Compute Server (compute.phhp.ufl.edu). Your mentor needs to approve access, which needs to be requested through the Department Administrator.

The Department adheres to all copyright rules and regulations. Many faculty provide copies of copyrighted material for use in courses, with permission having been obtained through direct approval or through fair use policies. Personal photocopying of books, chapters, articles or other written material without the author's approval is governed by specific legal standards with which students are expected to be familiar. Copyright regulations also apply to computer programs. The PHHP network provided on all departmental computers enables access to a variety of programs for word processing, presentation, statistical analysis, web development, e-mail and Internet access. Unauthorized reproduction of departmental computer programs for personal use is prohibited. Loading of outside software programs typically is restricted and requires administrative rights; if there is justification for adding such software packages to departmental computers, students may work with their mentors and with the PHHP IT Group to accomplish this task. Many programs are administered by a site license governing educational use. Consult the Public Health & Health Professions Information Technology website at www.it.phhp.ufl.edu for information and regulations.

Departmental letterhead stationery is available via the Department intranet and is restricted to DEPARTMENT USE ONLY. Student use of departmental letterhead for official communications proceeds through the mentor, and students should consult with their mentor regarding appropriate uses. If the student wishes to use letterhead for communications not involving the mentor, a supporting request must be approved by either the Chair or Program Directors. Clinic letterhead is to be used for PATIENT CARE ONLY and must have the endorsement of the supervising faculty. The University has strict, evolving policies on the use of the UF logo and signature system. Students should consult http://identity.ufl.edu/ for further information.

Photocopy machines and printers are available in the Department and on every floor of the Health Science Center Library. Although the library maintains an impressive array of electronic materials, students may occasionally wish to Xerox articles. To use the Library facilities,

students must set up a vending account on their Gator1 card and have the card with them when making copies. Value can be added to the Gator1 card online using a credit card ($15 minimum) and should appear on the account in approximately 10 minutes. More information on the process can be found at http://www.uflib.ufl.edu/printing/printingfaq.html. Phone numbers for various components of the Health Science Center libraries can be found at http://library.health.ufl.edu/about-us/contact/. The main website address for the HSC library is http://www.library.health.ufl.edu/.

There is a full service U.S. Postal Office located on the Ground Floor of the Academic Health Center. The sending or receiving of personal mail through the Department is not encouraged. The Department does not provide postage for student mail, mail related to research or internship applications or other personal matters.

Parking is available for students in commuter lots. Decals may be purchased in the Transportation and Parking Services Office located at 1273 Gale Lemerand Drive. This office is open from 8:00-4:30 weekdays. Please bring your Student ID (Gator 1) card and license plate number. Payment may be made in the form of check, cash, debit, or can be charged to your student account. Decals may also be purchased online. Visit http://www.parking.ufl.edu/ for more information. The telephone number is 392-PARK (7275).

Required Trainings and Immunizations

All students are required to participate in blood borne pathogen education and have this documented on a yearly basis. Training is provided online at: http://mytraining.hr.ufl.edu. Select University of Florida and enter BBP/BMW General Training in the Activity Search.

All students are required to complete HIPAA training for researchers on   an annual basis. Training is provided online at: http://mytraining.hr.ufl.edu. Select University of Florida and enter PRV801 HIPAA & Privacy - Research in the Activity Search. Additional information about HIPAA is found at https://www.hhs.gov/hipaa/for-professionals/index.html. Trainees must know the 18 identifiers that comprise Protected Health Information (PHI). See https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html#rationale.

All students are required to complete the Health Information Confidentiality Statement available here: http://privacy.ufl.edu/uf-health-privacy/confidentiality-statement/. Steps 1 and 2 should be be completed and the signed statement should be submitted to the Program Office. Students participating in research and joined to IRB protocols will also need local IRB training, CITI Human Subjects training, and Good Clinical Practice training. These trainings must be renewed every 2-3 years.

All students are required to have an annual TB test (or documentation from a physician that this test is contraindicated). This must be documented in your student file and you are expected to keep this up to date each year in order for you to maintain patient contact. The department pays for the test when obtained at the Student Health Center's Health Science Center Branch (Room D2-49). You can call 294-5700 for an appointment. Students must also complete the Hepatitis B series before beginning clinical training experiences that bring them into contact with patients. Since the Hepatitis B takes six months to complete, you should start the series as soon as you begin your first semester. These are paid for by the student and can be obtained from the Student Health Care Center, or from a private physician. See Appendix F, which includes the newest

policy on required immunizations. Please provide the Academic Coordinator with documentation of completion on each of these requirements as they become available. Failure to maintain current immunization documentation will result in suspension from clinical activities and potential disciplinary action until updated documentation is provided.

Dress Code

In addition to being a research and teaching setting, this is   a professional setting where patient services are rendered. As is usual in such settings, the hospital Chief of Staff has issued a dress code. (http://gme.med.ufl.edu/files/2011/12/Dress-Code-Policy-for-Shands-Healthcare.pdf). Some or all of this policy may not apply to students who will primarily work in office-based settings. All personnel working in the Academic Health Center facilities are required to display their ID Badge when on premises. Students should dress appropriately for the physical setting in which they work. Appropriate business attire should be worn when engaged in patient service activities. The wearing of white coats is optional. Even when not engaged in direct patient contact, students should use discretion when in patient care areas (clinic, hospital, etc.). No shorts or logo t-shirts should be worn in patient care areas.

Graduate Advisement and Supervisory Committees

Upon admission, the student requires both general and detailed information on the complex role of the graduate student. The Program Directors and staff initially perform this advisory function, and will assist the student in executing initial mentorship agreements and Individualized Development Plans (IDP). The advisory function shifts during the first semester as the student becomes acquainted with individual faculty and their areas of clinical and research expertise. If not already in place upon matriculation, students are expected to choose a first-year mentor who will become the chair of their Master's supervisory committee. The student will select, and the department will approve, two other faculty members to serve alongside the mentor as the Masters Committee for each student. Students entering with a Master's degree will also identify a mentor during this time, they will also be encouraged to complete a first year project that culminates in a manuscript (not Thesis). Subsequent advisement for each student eventually is assumed by the doctoral committee chair, who may or may not be the same faculty who supervised the first year research activities or Master's thesis. Students entering with baccalaureate degrees will normally obtain their M.S. degree at the end of the 5th semester of enrollment, and should form their doctoral committee by the end of the sixth semester. Students entering with Master's' degrees should form their doctoral supervisory committee by the end of the second semester of study. Formation of the supervisory committee requires the student to obtain approval signatures from the committee chair, all members, the Associate Chair for Research and Graduate Studies, and the Department Chair. At a minimum, Doctoral Supervisory Committees are populated by a Chair, an eligible CHP faculty member from the student's Major Area of Study (e.g., health psychology, clinical child/pediatric psychology, neuropsychology), an eligible CHP faculty member outside the student's Major Area of Study, and an External member whose Graduate Faculty appointment is in another department.

Although the student works with their mentor to assemble their Supervisory Committee, and to obtain the necessary signatures, the Committee is technically nominated by the department, and appointed by the Dean of the Graduate School, who is an ex officio member of all supervisory committees. The chairperson of a supervisory committee must have Graduate Faculty Status in

the student's major department. The Academic Coordinator has the appropriate forms for the appointment of a supervisory committee. Be sure to be familiar with issues regarding the appointment process and eligibility for membership prior to requesting a committee, although consultation with the Academic Coordinator and Program Directors is always permissible and encouraged. A faculty member must be a member of the Graduate Faculty (the primary appointment can be in another department) in order to serve on an M.S. or Ph.D. committee. Under special circumstances, a student may request that a faculty not so designated be given a "special appointment" to a committee, subject to certain restrictions. It is also important to know the department and graduate school requirements concerning committee members' presence at meetings (e.g., examinations, proposal defense meetings) prior to scheduling any such meeting. The duties of the supervisory committees are:

    a.   To inform the student of all regulations governing the degree sought. (This does not absolve the student from the responsibility of becoming informed of the regulations).

    b.   To meet with the student to discuss and approve their program of study. Prior to registration for an upcoming semester, students should seek academic advisement from their chair and other appropriate faculty.

    c.   To meet and discuss a dissertation topic and to approve this topic and the plans for carrying out the research.

    d.   To evaluate in writing, on an annual basis, the student's research progress.

The composition of the doctoral committee is outlined under Doctoral Research.

Notices

Information and notices originating from the Doctoral Program Office are sent via e-mail to your ufl.edu email account. It is expected that each student will keep themself informed of Departmental announcements. STUDENTS ARE EXPECTED TO:

1. Check their physical mailbox at least every other day.
2. Check their e-mail daily. Students may receive both a PHHP e-mail account (user@phhp.ufl.edu) and a Gatorlink account (user@ufl.edu), but both receive the same emails. We use the student's UF e-mail address for program announcements and the University will use your GatorLink e-mail for official university correspondence. Regulations resulting from HIPAA prohibit the University from forwarding certain e-mail beyond UF portals, so it is important to insure that immediate and constant access to your GatorLink e-mail is preserved.

Meetings

The Department holds regular colloquium meetings on Fridays at noon. Attendance is expected and may be recorded by sign-in. The Program Directors meet regularly with student cohorts to provide updates and discuss issues relevant to the developmental stage of the student's training. Student attendance at such meetings is strongly encouraged since students are responsible for knowing information discussed in these meetings. Other required meetings are related to participation in certain research teams and/or major areas of study. Mentors, chairs of

supervisory committees and Heads of the Major Areas of Study will inform students regarding these meetings.

Deadline Dates Calendar

The Graduate School and University maintains an Academic Calendar that is available online at http://graduateschool.ufl.edu/graduate-school-calendar/ which contains dates specific to the Graduate Schoool and University (e.g., degree applications, thesis submission deadlines). The general UF academic calendar, which indicates course listings and registration dates, can be found at https://registrar.ufl.edu/soc/.

These calendars are updated each semester and include important information on University of Florida and Graduate School deadlines, including submission of theses and dissertations. Be sure to consult the currently approved calendar for each relevant semester and academic year, particularly if you are planning to receive a degree that semester.

Enrollment

The doctoral program operates on a 12-month schedule. Students are expected to register for coursework every semester until graduation. Failure to do so will subject the student to disciplinary action and may require reapplication through regular admission procedures. Any graduate student who is utilizing university facilities and/or faculty time must register for a minimum of three credits in the fall and spring semesters and two in the summer. Students on fellowship (e.g., NIH, NRSA, and McKnight funded fellowships) are expected to register for at least 12 credits in fall and spring semesters and 8 credits in the summer. Assistantship students (those appointed as a GA regardless of funding type or title) register for at least 9 credits in fall and spring and 6 in the summer. Upon written request to the Program Directors, a student may be granted a leave of absence for a period no longer than one year. In such cases the student may re-enter the program with the knowledge of assured acceptance. Such requests are generally approved if the student is in good standing and has good and sufficient reasons for requesting a leave. It is the responsibility of the student to meet re-entrance requirements (if applicable) through the Registrar's Admissions Office.

Florida Residency

All graduate students admitted as a non-Florida resident and receiving a tuition waiver should initiate procedures to become Florida residents immediately upon arrival in Gainesville. All requests for residency reclassification should be done just prior to the 2nd year in the Program and are processed with the Registrar's Office. Any student who does not obtain Florida residency will be subject to out-of-state tuition charges if not receiving a tuition waiver (i.e., the internship year). Thus it is essential to pursue becoming a Florida resident within the first 12 months of arriving in Gainesville. There can be no exceptions to this rule. Please be aware that being claimed as a dependent on parental income tax filed in another state may affect your ability to become a Florida resident. To complete this process, follow the steps below:

1. Upon arrival in Gainesville, file a Declaration of Domicile in Florida at the Alachua County Civil Courthouse at 201 E University Avenue, phone 374-3636, OR use this link to a PDF form:

http://www.alachuaclerk.org/forms/DECLARATION_OF_FLORIDA_DOMICILE.pdf

The fee for recording the Declaration of Domicile form can be found at:
http://www.alachuacounty.us/Depts/Clerk/Fees/Pages/RecordingFees.aspx

NOTE: If you mail in the form, make sure you have it notarized by a Florida notary and make the check out to "Clerk of the Court" in the amount of $10. If you take the form in, the cost is $15 and they will notarize it for you there. AAA has notary services for members.

Once the form is filed and recorded they will mail it back to you. This is your receipt proving your intention to change your residency to Florida. It is the student's responsibility to keep this record for future use during the reclassification process. This should be filed prior to the first day of classes your first fall term. It can be filled at any time but it is the student's responsibility to establish such at least a year prior to their second year.

2. As soon as possible, complete documents to obtain a Florida Driver's License, Florida Voter's I.D., register your car in Florida, etc. Keep any receipts providing proof of the date you began living in Florida along with your recorded copy of declaration of domicile, (e.g., rental agreement, deposit on utilities, or proof of employment [your admissions letter and LOA]). Please note: residency in Florida must be as a bona fide domiciliary rather than for the sole purpose of maintaining a residence incident to enrollment at an institution of higher education. Living in or attending school in Florida will not, in itself, establish legal residence. Please refer to the University's Graduate Student Handbook and the Graduate Catalog for more information on establishing residency.

3. The summer before your 2nd year, typically in July, complete the "Residency Reclassification/Residency Change" form (https://registrar.ufl.edu/pdf/residencyreclass.pdf) and submit it to the University of Florida Registrar.

Application for residency is done at the Registrar's Office before the fee payment deadline of the semester in which you wish residency. In most cases, the application cannot be made to the Registrar's Office until you have resided in Florida 11.5 to 12 months. However, there are cases that allow for an earlier application and approval, such as having a spouse that has been a Florida resident for 12 months, the spouse works full-time in certain jobs, etc. NOTE: This form MUST be completed in sufficient time for their office to process it and make a decision **PRIOR** to the fee payment deadline of the fall term of your 2nd year. However it cannot be processed prior to 11 months after you processed your declaration of domicile form.

Students who enter the program as Florida residents may still need to change residency, especially if they attended an undergraduate institution outside the State of Florida. Sometimes,

even if the student never changed residency to the state in which they attended an undergraduate program, the UF Admissions Office codes the record as "out of state." This is a clerical error that requires the student to petition the Registrar's Office to have their residency changed. Students should see the Academic Coordinator in 3158 to check your residency upon arrival to determine if you need to change this during your first semester.

Consumer Information Disclosure for License Preparing Programs

The United States Department of Education requires all license-preparing programs, which the Department of Clinical and Health Psychology (CHP) is, to disclose if the program curriculum is sufficient to meet licensure requirements in all states. Our website lists each state, whether or not our program meets the educational requirements for licensure in that state, and a link to the State Professional Association or License Authority for each state.

Awards

A number of departmental and area awards are available to students:

Departmental Awards
1. The Molly Harrower Memorial Award is for outstanding performance in psychodiagnostic assessment .
2. The Florence Schafer Award is for outstanding performance in psychotherapy .
3. The Clinical and Health Psychology Student Research Award is for demonstration of excellence in research activities .
4. The Nathan W. Perry Scientist-Practitioner Memorial Scholarship is for excellence in integrating science and practice .
5. The Eileen Fennell Graduate Student Teaching Award is for excellence in teaching .
6. The Jenny Sivinski Memorial Award is for excellence in Community Service .

Major Area of Study Awards

1. The Robert and Phyllis Levitt Neuropsychology Research Award is for excellence in neuropsychology research
2. The Geoffrey Clark-Ryan Memorial Award is for excellence in pediatric psychology research
3. The Medical Psychology Research Award is for excellence in clinical health/medical psychology research
4. The Stephen-Boggs Memorial Award is for excellence in clinical-child psychology research

Current graduate students who are in good academic standing and are not currently completing their internship are eligible for these awards. Students will be asked to self-nominate about six weeks before the Fall Research Symposium. Students should select the *single* Departmental Award for which they feel most quality. (Students may also apply for Area Awards). Student nominees will subsequently be asked to submit a CV and a brief (i.e., ½ page maximum) summary of their meritorious efforts pertinent to the award. Student nominee packets will then be reviewed by the Student Awards Committee comprised of one faculty representative from each area. The Clinic Director, Director of Clinical Training and Associate Chair for Research

and Graduate Studies will be available to the Committee to provide summary evaluation information that may be relevant to award selection, but are not voting members. Awards will be given at the Fall Research Symposium.

In addition to department awards, the American Psychological Association and a number of other professional societies offer fellowships, dissertation awards, and other opportunities. The Graduate Student Council offers small travel awards to help defray the expenses of conference attendance where the student is presenting a paper. Our students have been highly successful in competitions for these awards. Many of these opportunities are announced via e-mail, so be aware!

Scheduling Time Away

As indicated on the previous page, this is a year round program, with faculty on 12 month contracts. Graduate assistantships, while not always for 12 months, are based on a weekly work schedule. The professional component of the training program requires consistent availability and ongoing involvement. The Leave Policy below is determined in part by the Florida Board of Trustees/Graduate Assistants United - United Faculty of Florida agreement on Graduate employment policies. The Departmental leave policy is more liberal than that policy, allowing for additional days of leave so that students can take limited additional leave to engage in professional activities and internship interviews. In planning leaves, you need to consider the following.

Graduate Student Leave Policy

Taking time away from work and studies for restoration, in the form of paid leave, is important for everyone's health and well-being. We strongly encourage you to make sure you a   re taking advantage of your paid leave, and scheduling it at times that work best for you.

To make sure that clinical and research responsibilities are professionally handled during your absence, please be sure to communicate your planned leave with as much notice as possible, working with supervisors and mentors to ensure continuity of patient care and research activity.

The following types of student leave are recognized by the Department: a) Paid leave (which includes vacation and sick days) and b) Professional leave (which includes conferences, educational activities such as workshops, and travel associated with internship interviews).

  a. Paid (vacation/sick) leave: Graduate students on assistantships and fellowships are entitled to 15 days of paid leave per year. This includes both vacation and sick leave. Additional leave can be requested in extenuating circumstances.

  b. Professional leave: This includes two major categories – one related to attendance at conferences/educational workshops and another related to internship interviews.

    i. Conferences/Workshops: Graduate students are also allowed up to 10 days per year for "professional leave" to attend scientific or professional conferences and other activities relevant to their work as graduate students (i.e., specialty workshops). This leave time includes days allotted for actual conference activities plus one travel day

before and after the conference. Two days are allotted for international travel. Students can combine paid leave off with conference travel if there are vacation plans associated with conference attendance. To qualify for professional leave, students must be an author or co-author on a poster or presentation or must provide alternative rationale for their attendance (e.g., educational value). All requests for professional leaves must be accompanied by a Travel Authorization Request and be approved by the student's primary mentor.

ii.   Interview leave: Each student interviewing at internships is expected to develop a plan, approved by their mentor, that details the time they will be away interviewing and their plans for continuing their work on their assistantship or fellowship duties during noninterview days. "Interview days" include the actual day of the interview and one travel day. All students on assistantships or fellowships are allowed time off to complete internship interviews, which includes 1 travel day before and after each interview. Otherwise, paid time off must be taken. All requests for interview leave must be accompanied by a Travel Authorization Request, which details the travel itinerary, and have approval by the student's primary mentor.

Clinical Leave Notification Policies

Once you begin your clinical practica, the model of semesters with breaks in between no longer applies. Professional patient care responsibilities require advance planning to facilitate continuity of care. Please be sure to communicate your planned leave with as much notice as possible.

Short-Term Notice of Illness or Emergency:

If a graduate student is ill and not able to attend clinic (core, advanced practicum or specialty practicum), they should notify clinic staff and their faculty supervisor as soon as possible that they are ill and taking a sick day. *The student is not responsible for finding and verifying that another trainee can provide coverage in their absence*. That is the responsibility of the clinical supervisor. However to reiterate, please notify faculty as soon as possible that you will miss clinic. The sooner the student notifies their supervisor, the sooner the supervisor can start looking for clinical coverage or notify a patient of the need to reschedule an appointment. The same protocol as above applies if a student has a family or other emergency.

Advanced Notice for Planning Personnel Day or Professional Leave Day:

Graduate students are strongly encouraged to discuss with clinical supervisors any known personnel leave requests at the beginning of each clinical rotation. The expectations for finding coverage in your absence depends on the lead time you provide to your supervisor.

a.   More than 2 months advanced notice: If a graduate student provides at least two months advanced notice, then *they are not responsible for finding coverage.* The faculty supervisor(s) will adjust their clinic schedule or will take responsibility to find another source of coverage.

b. <u>Less than 2 months advanced notice</u>: If a graduate student provides less than 2 months notice, then the *student is expected to find clinical coverage during their absence* for advanced practicum or core practicum rotations.

Advanced Practicum Coverage

For advanced practicum (which run semester by semester), graduate students are responsible for providing coverage starting the first day of classes in the new semester up to the weekday before the start of classes in the following semester. This ensures that clinics are covered during the semester break between classes. If a student would like to take a personal leave day during the semester break period, they should submit a leave request and discuss with their supervisor, just like they would when requesting leave during any other part of the semester.

Considerations for Graduate Assistants and Fellows: If you are receiving a graduate assistantship or fellowship, you should consult with your supervisor prior to each academic/semester break in order to determine how you will handle your ongoing professional responsibilities. How you do this will determine whether you will stay in "pay status" (i.e., receive pay for that period) or not during the time you are gone. Should you and your supervisor agree, one option might be making up the hours you have missed at another time. As an alternative, you could go off "pay status," which would result in your not being paid for the time off. If you choose to go off pay status, notify the Academic Coordinator in the Program Office. A third alternative would be to take "leave days," as described previously   .

Holidays: I   t should be noted that, if the University is closed for a state holiday or a declared emergency (unless the special condition of the graduate assistant appointment requires working at these times) these days are not to be counted as leave days. This includes all Federal or University holidays (e.g., Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Homecoming, Veterans' Day, Thanksgiving, Christmas) and the Winter break (the week between Christmas and New Year's Day), or other days designated by the University.

Emergency Closures: Permissibility of leave due to emergency closures is determined by the Dean of the College of Public Health and Health Professions, who follows guidelines set forth by the Senior Vice President for Health Affairs. Trainees with clinical assignments are classified as essential personnel, and they may be required to perform clinical duties on site, even when other students have been exempted from classroom and other on-campus attendance. The Director for Clinical Training and Clinic Director will advise whether students are to report for clinical duties in a timely fashion.

Reporting Leave
For planned leave, graduate students should complete a "**Student Leave Request Form"** located in the Canvas Doctoral Portal. Please complete the form, including obtaining signatures from relevant supervisors and mentors, and then submit via Canvas.

NOTE: Nothing in this policy is intended to require students to take personal leave time in order to engage in <u>reasonable</u> involvement in activities necessary to meet Program training

requirements/goals such as internship interviewing, attending conferences, or taking certain extremely time/labor intensive courses (e.g., functional human neuroanatomy). **Participation in such rare but intensive activities should involve prior discussion with clinical supervisors and research mentors**.

Ethical Conduct

Integrity and ethical conduct are the foundation for everything the professional psychologist does. The student must acquaint him/herself with the APA ethical standards/code of conduct of psychologists concerning issues such as responsibility to the public, conduct of research, dissemination of information, confidentiality, patient welfare, and professional relationships. This responsibility of the student extends to knowledge of particular rules, regulations, and policies of the Department, Psychology Clinic, Academic Health Center, and the University. APA ethics and standards of practice are binding on all graduate students. The student should consult the following sources for ethical and professional standards:

> Ethical Principles of Psychologists and Code of Conduct
> http:/www.apa.org/ethics/code

> General Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations
> http://www.apa.org/pi/oema/resources/policy/provider-guidelines.aspx

> APA Guidelines for Practitioners
> http://apapracticecentral.org/ce/guidelines/index.aspx

> Florida Statute 490
> http://www.leg.state.fl.us/STATUTES/index.cfm?App_mode=Display_Statute&URL=0400-0499/0490/0490.html

> Protecting Human Research Participants
> https://humansubjects.nih.gov/resources

> Publication Manual of the American Psychological Association
> http://www.apastyle.org/manual/index.aspx

1. Research. Regulations and ethical principles concerning research and the use of human and animal subjects must be consulted prior to beginning any research investigation. The Department of Health and Human Services (DHHS) has mandated that researchers receive training in human subject protections and the ethical conduct of research. Any DHHS grant application must be accompanied by a cover letter indicating what training in human subject protections researchers have completed. Accordingly, all students conducting human research in the department will be required to provide documentation of human subjects training **prior to beginning their research**. A simple and effective way of completing this requirement is to obtain training online. As noted previously CITI Human Subjects training is required of all trainees engaged in research. Students are also required to read the full Belmont Report, which can be obtained online at https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html and federal regulations governing the oversight function of IRB's at

http://www.hhs.gov/ohrp/assurances/index.html. Students participating in research and joined to IRB protocols will also need local IRB training, and Good Clinical Practice training. These trainings must be renewed every 2-3 years.

Students having access to protected health information as a result of their involvement in clinical activities, research, educational activities, preparing work samples for internship, or any other activities must act in such a way so as to protect the privacy of patients and research participants. Protecting the privacy of patients and research participants requires ongoing continuing education in the form of required HIPPA training (yearly) of all students.

By statute, any activities that result in a violation of HIPPA guidelines must be reported to the AHC Privacy Office (http://privacy.ufl.edu/privacy-incidents/report-a-privacy-incident/) where an investigation of the incident will be undertaken. As careless and intentional HIPPA violations are seen as unprofessional behavior, a copy of the report of the violation along with a letter highlighting the results of the investigation and/or a letter from the training director will be placed in the students file. In accordance with institutional policy, depending on the nature of the HIPPA violation, the student may be subjected to disciplinary action up to and including removal from the graduate program as well as penalties imposed by the University of Florida and by state and federal law.

Most research protocols emanating from our department are reviewed by the Health Science Center Institutional Review Board (IRB-01), although protocols that do not involve PHI may be reviewed by IRB-02. Students are expected to familiarize themselves with IRB-01 policies and procedures. This information, along with downloadable forms and documents, can be obtained from the IRB-01 website at http://irb.ufl.edu/irb01/. IRB-01 is located in Room 130 of the Shepard Broad Building, 1300 Center Drive (352-273-9600; Fax: 352-273-9614).

2. Publications. Students are strongly advised to discuss and have agreements regarding roles, responsibilities and publication credit prior to engaging in collaborative research with faculty, fellow students, or other research associates. Many research teams enter into formal written agreements with regard to authorship and publication credit. A sample copy of one such publication agreement that can be modified for the student's particular circumstances can be downloaded here. The authorship of dissertations should reflect the student's primary responsibility for the project, and as such, the student should be the first author. However, students may choose to relinquish their right to first authorship in certain circumstances. For example, they may decide not to publish their findings in a timely manner, yet make arrangements with a collaborator to do so. In any case, publication credit is assigned to those who have contributed to a publication in proportion to the weight of their professional contributions. Students should be aware that ethical principles govern the ownership of data collected in supervised research activities and that ethical standards govern the publication of data collected with external support or data that has important implications for individual or public health. It is the student's responsibility to become knowledgeable of these principles and to discuss them with faculty and other research collaborators. Your publication plan should be part of the Individual Development Plan (IDP) you develop with your mentor each year (discussed further below).

3. Professional Practice. A student must not engage in professional practice except under immediate supervision in a graduate practicum course in which they are formally registered or under the direct supervision of a qualified person designated by the Director of Clinical Training. Any activity involving psychological counseling, psychotherapy or the delivery of professional psychological services that exists in addition to those required by the program must be approved in writing by the Director of Clinical Training.

4. Individual Development Plan (IDP). At the start of each Fall Semester, students are required to develop an individual development plan. This encourages students to think of broad career goals and skills, to identify training needs, and to formulate concrete, measurable goals in domains like research, education and service. Trainees should formulate and discuss with their mentors and then submit to the PHHP IDP portal. Following submission, mentors are required to review and approve. IDPs should be completed by September 30 of each year.

5. Mentor and Mentee Compacts. At the start of each academic year, students should submit and complete Mentee Compacts, available in the Canvas Doctoral Portal. They should also print out and bring their Mentor Compacts to their Mentors, who will review and sign the compact and return to the trainee. Trainees will scan and upload their mentors' compacts to the Doctoral Portal by September 30 of each year.

Internet Policy

All students make a web page. By September 30 of the first year, all students should create a web page for the Student landing page on the department website. Students will be asked to complete a Microsoft Word template and to provide a **headshot.** Free professional headshots may be obtained from UF Health; see this page for Headshot details (search "Headshot), and the bottom of this page for drop-in hours. Web page content quickly becomes out of date, so students will generally be asked to make updates at least once a year.

Student activities on websites, blogs, e-mail, social media sites, and other electronic media should be thoughtful and should be conducted professionally and appropriately.

When students and trainees post personal information on publicly available electronic media sites, they unfortunately may forfeit control over how that information is used or how it reflects on themselves or their training program. Recent concerns have heightened awareness of this fact, and of its potential implications, including:

1) Internship programs report conducting web searches on applicants' names before inviting applicants for interviews and before deciding to rank applicants in selection or matching systems.

2) Clients may conduct web searches on trainees' names in order to find out about them. There have been many documented instances in the health professions of patients subsequently refusing to be seen in a clinic based on what they have found.

3) Potential employers often conduct online searches of potential employees prior to interviews and job offers.

4) Legal authorities search 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.

Unprofessional postings on listservs, blogs, social media sites, etc. may reflect poorly on you or on the training program in which you are enrolled. It is NEVER appropriate to discuss your patients, your personal reactions to patients or supervisors, or other aspects of the healthcare provider-patient relationship on social media sites or other digital media not explicitly designed for discussions of this type.

Although content within signature lines and e-mail addresses are ways of indicating uniqueness or personal philosophy, the lack of control over e-mail forwarding makes it impossible to know who will read electronic postings. Signature lines and expressive e-mail addresses may affect how others view your professional standing. Quotations on personal philosophy, religious beliefs, or political attitudes might cause adverse or unpredictable reactions in some people.

Provocative or "cute" answering machine messages might be entertaining to your peers, may express your individuality, and be indications of your sense of humor. However, they may not appeal to all callers. Greetings on voice-mail services and answering machines should be thoughtfully constructed. If cell phones are used for professional communications (e.g., research, teaching, or clinical activities), be sure your greeting is appropriate to the context in which it is used.

There is now ample documentation of instances in training programs and at universities where students have been negatively affected by material on websites, e-mails, and answering machine messages. There are examples of e-mails from faculty and students getting published in newspapers, causing harm to recipients, senders, or others.

Information that seems to be fun, informative, and candid might put the program and the student at risk for adverse consequences. What might be seen as private self-disclosure may actually be very public. This includes information posted on blogs, personal pages in Facebook, Twitter or other similar sites, including ones started before undergraduate or graduate school. *Anything on the World Wide Web is potentially available to all who seek.*

Trainees are reminded that, if you identify yourself as a graduate student in the doctoral program in Clinical and Health Psychology, we have an interest in how you portray yourself. If you report doing, or are depicted on a website or in an e-mail as doing something unethical, illegal or if the data depicts behavior that threatens your ability to fulfill your professional role, then this information may be used by the Program to determine your standing or retention. As a preventative measure the Program advises that students and faculty approach online blogs and websites, including listservs sponsored by professional organizations, very carefully. Is there anything posted that you would not want the program faculty, employers, family members, or clients to read, view, or share amongst themselves? Students are advised to engage in "safe" web practices and be concerned now about professional demeanor and presentations.

Health Science Center Information Security Policy

Students in the University of Florida Health Science Center are required to wear their photo identification badge at all times within the Health Center, including the HPNP Building. Shands has a similar requirement and is actively enforcing the badge requirement. A lab coat with a name is not sufficient; you must wear your name badge.

All faculty, staff, and students of the Health Science Center and affiliated entities are reminded that our current HIPAA compliant privacy policies PROHIBIT e-mail forwarding outside the ufl.edu domain. Therefore, faculty, staff, and students of the Health Science Center and its affiliated entities may NOT use the auto-forward function of the UF e-mail system because of the likelihood it will result in an unauthorized disclosure. To review current privacy-related e-mail policies, visit the privacy website at http://privacy.ufl.edu/uf-health-privacy. Details on communication, storage and disposal of protected information is provided in the annual HIPAA training.

Important Note Regarding e-mail Forwarding: You may not forward any ufl.edu e-mail to an outside e-mail server (i.e. Yahoo, AOL, Gmail, etc.).

Financial Support

Faculty continually compete on university, state, and national levels for support of the educational components of the graduate program, its individual research projects, and clinical service programs. Almost all funded grants administered by the department support graduate students as research assistants. As students focus on an interest area, they are strongly encouraged to submit their own projects under faculty sponsorship for funding consideration. Students are highly encouraged to explore research fellowships through NIH or other federal organizations or foundations. Many professional societies (e.g., American Psychological Association, American Cancer Society, Arthritis Foundation, American Epilepsy Society, American Academy of Clinical Neuropsychology, and Society of Pediatric Psychology) have research grant or training grant award programs. An extensive list of external sources compiled by the Division of Sponsored Research is available on the Graduate School website http://graduateschool.ufl.edu/prospective-students/funding/. Other sources of funds have included part-time positions in other departments or units.

Duties of assistantships may involve research, teaching, clinical, or clerical responsibilities. Some stipends are for nine months, while others are for twelve months. There are various requirements for different sources of funds. It is the student's responsibility to research funding they wish to pursue. Your faculty mentor or the Academic Coordinator may be able to provide assistance if needed.

At the present time all on-campus graduate students in Clinical and Health Psychology are supported through fellowships or assistantships of various kinds. Students should be aware that the entire cost of their education is **not** supported by Departmental mechanisms. At a minimum, students will be responsible for their own fees. These fees cover student activity, access to the Student Health Care Center and other student programs.

At the University of Florida, graduate assistantships require registration of 9, 9, and 6 credits during fall, spring, and summer semesters, respectively, while Fellowships require registration of 12, 12, and 8 credits during the three semesters of an academic year. During the first year, the Department may supplement the tuition payments made by assistantships and fellowship to cover the costs of additional credits required by the curriculum. Students may be responsible   for the materials fee associated with some departmental courses (e.g., Child and Adult Assessment courses and certain practicum courses). As long as the student is on a University of Florida appointment (some external funding sources pay the student directly, and thus do not create a UF account), an annual payment toward health insurance is made by the funding source. Students should check with the Program Office regarding the specific implications that these policies have on their personal financial liability for the costs of graduate education.

Generally speaking, students should recognize that current funding does not provide for the entire cost of graduate education, and many students rely partially on savings, loans, and other external funds. Loans are usually acquired through the Student Financial Aid Office of the University. Most loans are Guaranteed Student Loans, given at a low rate of interest. The College Financial Aid Representative for Public Health and Health Professions is available to assist with any information you may need and can help to resolve any problems with financial aid that may occur (http://www.sfa.ufl.edu/contact-sfa/contact-your-adviser/).

Jobs

Any student receiving any funds from the University (grants, graduate assistantships, etc.) must not accept other employment of any kind without the written permission of the Associate Chair (AC) for Research and Graduate Studies. The AC's written approval is required prior to acceptance of any other position or job inside or outside of the department (download form here).

Generally, the department discourages students working for the faculty (even paid work) when the work is not professional in nature, except in extraordinary circumstances, or in situations where peer review suggests minimal risk of negative outcomes due to dual relationships.

Personal Therapy

Many students decide to seek personal therapy in the course of their graduate education, but this is NOT a requirement of our program. No stigma is associated with the decision to seek therapy. It is the policy of the program that no student can enter a therapeutic relationship with a faculty member in the Department, even if that faculty member does not participate in the student's education or training.

PROGRAM REQUIREMENTS

General Psychology Core Requirements (Discipline-Specific Knowledge)

The clinical psychology program requires core training in basic psychological principles. The new APA Implementing Regulation regarding Discipline Specific Knowledge requires the following: Graded graduate educational experiences in core psychological areas including Developmental, Social, Cognitive, Affective, and Biological Bases of Behavior. Foundational or

graduate experience in History and Systems is also required. In addition, at least one integrative experience spanning at least two of these areas at the graduate level must be completed. Finally, graduate level exposure to Research Methods, Psychometrics, and Statistical Analysis must be completed.

The Department program requirements currently meet all aspects of APA Discipline Specific Knowledge, however if a students wishes to complete these requirements with alternative coursework or educational experiences, they should consult the Program Directors and it will be determined on a case by case basis.

Courses may also be exempted where appropriate (for example, when a student has taken a similar graduate course at another accredited institution and when faculty review of the syllabus verifies course comparability). Students are advised that licensing boards enforce core foundational education strictly, and it is thus wise and strongly suggested to retain copies of all graduate transcripts and syllabi in case they are needed for documentation during the licensure application process.

Statistics and Research Design Requirements

The core program requires 9 credit hours of graduate level statistics and research design. Six of these credits are in required courses taken in the first year. Three are in an elective endorsed by the supervisory committee and selected from a list of approved Departmental or University courses. Students who have already had graduate level courses in these areas may petition the Associate Chair for Research and Graduate Studies for modification of this requirement. Such petitions should be accompanied by a letter or memo from the appropriate instructor. It is the student's responsibility to determine that a copy of the approved exemption is in their departmental record.

Clinical Psychology Core Requirements

The clinical psychology core is comprised of research, theory, procedure and application courses that provide the basis for the scientist-practitioner model of clinical psychology. This core includes ethics and professional issues, child and adult psychopathology, child and adult psychological assessment, psychological intervention, and new course on diversity, equity and health disparities.

Students entering with advanced standing may, with approval of the course instructor and the Associate Chair for Research and Graduate Studies, substitute a course or exempt one where appropriate. The student must be sure that this is documented in the departmental graduate record.

Elective Requirements

The elective requirement consists of advanced seminars in which the student intensifies their knowledge and competencies and interests beyond the core. The student is required to complete from six to nine credit hours of electives, three of which must be in an intervention course, three of which is in an advanced statistics course, with others being chosen according to an individual plan of study. The Departmental faculty is committed to providing elective courses in accordance with recent developments in the field. An evolving plan of departmental course offerings and the requirements they meet can be found in Appendix J. Please Note: If a student elects to do a

minor outside of the department, then the advanced electives must be selected from our department courses.

Seminar / Training in Delivering Clinical Supervision

Students are required to participate in a three-part colloquium series, at some point during their enrollment in the program, designed to provide an introduction and exposure to delivering clinical supervision. Students do not register for course credit, but rather are expected to attend three 90-minute Friday noon-time colloquium meetings. These will occur during the Fall Semester every other year. Attendence will be document and students will also be required to complete a brief reading list prior to attending the seminar.

Major Areas of Study

The clinical psychology program requires a major area of concentrated study outside of the core sequence of general and clinical psychology. This consists of a minimum of 9 to 15 semester credits in any area of study that has been approved by the supervisory chairperson and the Program Directors. Most work toward meeting major area of study requirements takes place during the third and fourth years of matriculation. The "major area of study" concept is used as a descriptor of education and training opportunities in an advanced concentration within clinical psychology.

Departmental Major Areas of Study. There are currently three identified Major Areas of Study within the department: Clinical Child/Pediatric Psychology; Neuropsychology, Neurorehabilitation, Clinical Neuroscience; and, Clinical Health Psychology. Concentrated study in one of these areas also requires the approval of the Area Head. A brief description of these areas is given below; specific area requirements can be found in Appendix C.

<u>Clinical Child/Pediatric Psychology.</u> Area Head: Dr. David Fedele. Students in the child area should expect to receive didactic instruction in the basic foundations of clinical-child psychology including psychological disturbances of children, psychological assessment of the child, and specific treatment techniques with children and families. Students also gain exposure to various topics relevant to clinical-child/pediatric psychology through the selection of various electives (e.g., pediatric psychology, advanced child therapy, advanced developmental psychology). Students will participate in a variety of assessment and treatment cases, which are typically seen through the Psychology Clinic. Notably students will participate in core practicum rotations during their second year, and then multiple semesters of advanced child practicums in their third and fourth years. During advanced practicums students can gain exposure to working with interdisciplinary professional teams addressing a variety of acute and chronic medical conditions due to the department's extensive associations with pediatric medical services throughout UF Health and the Division of Child and Adolescent Psychiatry. Specific training opportunities are provided with children and youth with learning disabilities and cognitive deficits, emotional and behavioral disorders, numerous medical and chronic illnesses, and family difficulties.

<u>Neuropsychology and Clinical Neuroscience.</u> Area Head: Dr. Duane Dede.
Study in NCN provides the opportunity to develop skills in research and clinical assessment and treatment of brain behavior disorders in children and adults. Advanced graduate students in this

area select from a variety of courses in human neuroanatomy, clinical neuropsychological assessment of adults and children, human higher cortical functions, laboratory methods in cognitive neuroscience, neuroimaging, forensic neuropsychology, neuropsychology of aging, and other selected topics. In the required practicum, the student obtains advanced clinical experiences in the assessment and treatment of cognitive and emotional disorders associated with a variety of neurologic diseases. The practica are conducted in the Psychology Clinic, the Fixel Center for Neurologic Diseases, outpatient and inpatient consult services and in other specially arranged sites (e.g., the preoperative anesthesia clinic, the VA, North Florida Evaluation and Treatment Center). There is opportunity for interdisciplinary contributions around Epilepsy, Dementia, Movement Disorders and as well as mild TBI.

<u>Clinical Health Psychology.</u> Area Head: Dr. Glenn Ashkanazi.
The Clinical Health Psychology area is designed to provide students with a foundation in the theory, research and practice of medical psychology/clinical health psychology. The program emphasizes an empirical approach to the study of psychological aspects of health and medical illness which includes taking a biopsychosocial approach that is embedded in individual and cultural diversity considerations. Students are provided with didactic training in fundamentals of health psychology, pathophysiology, and a variety of health related elective courses that complement their basic training in clinical psychology. Clinical training is provided through exposure to a variety of health problems in which psychological factors may play a role or in which psychological intervention is necessary for a comprehensive treatment approach. Activities include assessment, consultation, and intervention with a variety of medical/surgical problems. Supervised research opportunities are also provided.

Additional Departmental Research Emphasis. In addition to the three Major Areas of Study, a fourth collection of faculty resides in the Cognitive and Emotion Neuroscience Area. These faculty mentor students who are pursuing graduate work in one of the three Major Areas of Study; this area is not a standalone major area of study.

<u>Cognitive and Emotion Neuroscience (CEN)</u> Area Head: Dr. Adam J. Woods.
CEN is a research emphasis within the CHP doctoral program. The area does not directly supervise clinical training. Thus, students who work with CEN faculty must be admitted to the CHP doctoral program with the approval of faculty in one of our other three areas: Neuropsychology, Medical/Health Psychology, or Child/Pediatric Psychology.

The CEN research emphasis is organized around two subthemes: (a) Cognitive neuroscience and aging; (b) Emotion neuroscience and psychopathology, as well as integration between both emphases.

(a) Cognitive neuroscience and aging: The mission of this emphasis is to conduct cutting-edge interdisciplinary clinical neuroscience and translational research on age-associated cognitive, behavioral and emotional functioning, factors that contribute to impairments and functional decline, and future avenues for intervention. A primary objective to translate basic science discoveries into clinical applications in order to slow, avert or restore age-related cognitive decline and memory loss.

(b) Emotion neuroscience and psychopathology: This emphasis integrates two related areas: Study of (1) the basic science of emotion, as emotion is expressed in language behavior, overt action, autonomic and somatic physiology, and highlighting the investigation of mediating neural structures and circuits in the human brain. The toolkit for the emphasis consists of current, major research technologies, including methods in cognitive/computer science, the broad area of psychophysiological measurement, electroencephalography and brain imaging (MRI). (2) Applications of emotion science in experimental psychopathology, as it relates to clinical evaluation and treatment of the anxiety and mood disorders.

Research activity is organized according to emphasis. For the emotion neuroscience emphasis, team members participate in both the basic science laboratories of the Center for the Study of Emotion and Attention and in the Fear and Anxiety Disorders Clinic. For the cognitive neuroscience emphasis, participation is expected in the ongoing research programs of the Center for Cognitive Aging and Memory.

Research Requirements

Students are expected to be engaged in research activities <u>and to be continuously registered for research credits throughout their tenure in the program</u> with few exceptions. A common exception to this rule is in the event the student has already successfully defended their dissertation (typical of those in the year in which the student leaves for their internship).

Research Mentorship Policy

<u>Rationale</u>

This policy sets forth requirements for faculty assignment to research mentorship roles within the Department's doctoral program in Clinical Psychology. It is designed to assure that students receive effective and high-quality research mentorship within a departmental culture that also includes education and training in clinical competencies and professional principles. This policy supplements roles and responsibilities of Graduate Faculty as set forth by the Graduate School and describes operating principles to be followed in CHP.

<u>Policy</u>
1) <u>Membership on the Graduate Faculty</u>. All budgeted faculty in the Department of Clinical & Health Psychology are eligible to apply for appointment to the Graduate Faculty. The Chair prepares the nomination, which is reviewed and voted upon by the Graduate Faculty in the department.
2) <u>Membership on Doctoral and Masters Committees</u>. Graduate Faculty status affords the opportunity and responsibility to serve on Masters and Doctoral committees within the Department. Appointment to specific committees is subject to approval by the research mentor, Associate Chair for Research and Graduate Studies, and Department Chair.
3) <u>Chairing Doctoral and Masters Committees</u>. Serving as chair of a Doctoral or M.S. committee is a responsibility reserved for Graduate Faculty members on the tenure track. This responsibility aligns with the substantial assignment to research by these faculty.

a. <u>Tenured</u> faculty members and associate professors on the tenure track may chair committees within their areas of expertise, at their discretion.

b. <u>Assistant professors on the tenure-</u>track may supervise M.S. or Ph.D. research by serving as Chair along with a tenured faculty member, who serves as official Co-Chair. This requirement holds until the faculty member graduates one M.S. candidate (they may then supervise future MS candidates without a co-Chair) and/or one Ph.D. candidate (they may then supervise future Ph.D. candidates without a co-Chair), or achieves tenured status, whichever comes first. At this point, subsequent M.S. or Ph.D. committees chaired by this faculty member would not require a Co-Chair. An exception to the rule that tenure-track assistant professors must have graduated one M.S./Ph.D. candidate first may be made in special circumstances. Such instances shall be reviewed and, if appropriate, approved by the Associate Chair for Research and Graduate Studies and the Department Chair.

c. <u>Non-tenure-track faculty</u> (faculty on Clinical or Research tracks, or Graduate Faculty with primary appointments in other departments) may not, except in special circumstances, supervise M.S. or Ph.D. work. Such instances shall be reviewed and, if appropriate, approved by the Associate Chair for Research and Graduate Studies and department chair. If such special circumstances are approved, the non-tenure-track faculty member may assume Co-Chair responsibilities along with a tenured faculty member or a tenure-track faculty member who has met the requirements to Chair above, who will serve as the official Chair.

(a-c Revised 10/13/2021)

4) <u>Student Admission to Research Mentors</u>. Upon admission, students will be assigned to work with a research mentor who is a member of the tenure-track faculty.

Policies and Procedures Regarding First Year Project and Master's Research

A **<u>first year research project (FYP)</u>** is required of all students entering with a Bachelor's degree or a Master's degree in which they did not complete a thesis and is encouraged for students entering with a Master's degree. The goal of the First Year Project is to provide the student with a mentored research experience that promotes competency in the conduct of empirical research. Students choose a mentor during the first semester and must complete the project by the time of the Fall Symposium. The Fall Symposium involves a public oral presentation to the department and is usually held in November of the second year. This project is then developed into a formal written Master's thesis that is defended on selected dates in the spring semester of the second year before a designated departmental committee.

Students who enter the program with a Master's degree in which a thesis was completed should submit their thesis document to the Associate Chair for Research and Graduate Studies (AC). A committee led by the AC will determine if the thesis meets the research standards of the Department (i.e., is an *approved* Masters Thesis)

- If the Masters Thesis meets the Department's standards (i.e., becomes an *approved* Masters Thesis), students will still be encouraged to conduct (an optional) First Year Project that will not lead to a Thesis. Instead, the project can be used to support manuscript development. Trainees are still encouraged to present this project at the annual Fall Symposium as a means of introducing themselves to the wider CHP community.
- If the Masters Thesis does not meet the Department's standards, the student will

be required to develop a new project with their mentor, present at the Fall Symposium, defend to a Masters committee, submit the thesis to UF's Editorial Office and receive an MS in Clinical Psychology from UF.

FYP/Master's degree policies and procedure:

1) Students who enter the program with a Baccalaureate degree or a Master's degree in which they did not complete a thesis must satisfactorily (i.e., Thesis was not *approved*, as discussed above) complete a first year project under the supervision of a mentor mutually agreed upon during the first semester of graduate study. This project may be part of a program of study in a faculty's laboratory, or an individually initiated study. Each semester the mentor evaluates whether satisfactory progress is being made on this project. The mentor also provides the basis for evaluation of research progress for the annual review by the faculty.

2) During the fall of their second year, students with the help of their mentor will establish their own three faculty member thesis committee. You should complete the thesis committee form listing the three members of your committee and submit it to Canvas by November 1st (this form is available in the Milestones section of the Canvas portal). There is no requirement for students to engage in a proposal meeting prior to your first year presentation at the Fall Symposium. The three members of each thesis should fit the following criteria:

   Member #1: Committee Chair. This should be your mentor.
   Member #2: Internal Area Committee Member. This individual must be a faculty member that is in our department and is in your area (child/peds, health, neuro, CEN). Co-Chair in your area may also fit in this category.
   Member #3: External Committee Member: This member can either be (a) external to our department, or (b) a member of our department, but not in your area (for example a student in the child/peds area could have an external member that is in the Health, Neuro or CEN areas.

3) Students present the first year project at the Fall Symposium, held in the fall semester (Oct/Nov) of the second year. The three faculty members on your thesis committee are strongly encouraged to attend your presentation at the Fall symposium (or obtain a recording of the presentation that they can view later). Written feedback from the committee is provided within one week. The student takes this feedback and incorporates it as appropriate into a written thesis.

4) The written thesis should take the form of a well-developed research manuscript, such as that suitable for publication in a peer-reviewed scientific journal, except for the manuscript being formatted in a manner consistent with Graduate School Editorial Office guidelines This document should be presented to the Master's committee at least one week before the scheduled defense in the spring of the second year.

5) The format of the oral defense is at the discretion of the student's mentor and committee. Considering that projects have been formally presented during the previous semester's Fall Symposium, the spring defense typically takes the form of a 1-2 minute verbal presentation or a 5-10 minute slide presentation followed by exhaustive discussion and questions from the

committee.

6) You will be responsible for working with your mentor to schedule the thesis defense with your committee. Once your defense date is set, please notify the academic coordinator about the scheduled defense date and if you will need a room in the HPNP building.

7) You will need to defend your thesis during the Spring semester before mid-March. Check the Editorial Office deadlines for the Master's Thesis Submission date. This is the last day to upload your fully formatted thesis to GIMS as well as the last day for academic coordinator to submit your signed defense form to GIMS. The Final Submission deadline will be at the beginning of April. This is the last day to submit the final document to the graduate school through GIMS in order to achieve final clearance and graduate at the end of Spring with your Master's degree.

8) We strongly suggest you speak with your mentor in early December about the timeline for your thesis defense, and a goal for scheduling your defense date. Plan ahead, so you can find a time when you and your committee can meet, allowing time for revisions after the oral defense and prior to submitting the document to the grad school.

9) Students who have successfully completed a minimum of 30 credits (including no less than 23 credits of coursework and a minimum of 5 credits of CLP 6971 Master's Research) and successfully defended their thesis in their oral examination will be awarded the MS in Clinical Psychology in the spring semester of their second year.

10) Students should be registered for Master's thesis research until the final defense. Minimum registration in the final spring term for a thesis student is 3 semester hours of CLP 6971.

All students presenting first year projects are required to provide the Academic Coordinator the project title and abstract in Microsoft Word with the name of the mentor and any source of intra- or extramural support. This will be requested, with instructions from the Academic Coordinator about six weeks prior to the Fall Symposium, and is used to create a program for the symposium.

Doctoral Research

The doctoral dissertation is an independent and original research project that is conducted by the student with the approval and ongoing consultation of the doctoral committee. The committee should be appointed by the end of the sixth semester of matriculation. Those students who enter with a Master's degree are reminded that the Graduate School requires that your doctoral committee be formed by the completion of 12 credit hours or at the end of the second semester in the program. The form documenting committee appointment must be approved and on file in the Program Office prior to submission of qualifying examination topics to the   Associate Chair for Research and Graduate Studies. A Proposed Program of Study should be submitted with the appointment of your committee; this Program of Study should clearly indicate what courses you are intending to count toward your general electives, Area requirements, and Area electives.

Per Graduate School requirements, doctoral committees will consist of at least four faculty members selected from the Graduate School Faculty, one of whom must be appointed to the Graduate Faculty from a department other than Clinical and Health Psychology ("external" member). The external member cannot be a member of the CHP Graduate Faculty (even if their primary Graduate Faculty appointment is with another program or unit). One of the remaining members must be selected from among those CHP faculty members who are outside the student's area of concentration. The purpose of this policy is to insure breadth in research mentorship.

At the discretion of the student and major advisor/chair, the committee may consist of more than four members. Further, Department policy requires that at least two of the committee members be tenure track faculty within the CHP department (see Appendix A for eligible faculty). Students should check with the Academic Coordinator or the Graduate School for a current list of Graduate Faculty members. If the recommended chair is not a member of CHP tenure track faculty, then a co-chair is selected from the CHP tenure track faculty who takes responsibility for local advisement regarding the student's program of study, program regulations, and the doctoral qualifying examination as it pertains to the Clinical Psychology program requirements.

The composition of the Doctoral Committee may be changed with an appropriate rationale, but *the Graduate School will not accept committee changes during the semester in which the student receives a degree.* All supervisory committee members must attend meetings and examinations. See Graduate Regulations for up to date details on whether the Chair or Co-Chair must be physically present in the same room as the Candidate during exams. If the student has any doubt about the proper procedure, they should consult the Academic Coordinator or Associate Chair for Research and Graduate Studies to make sure that proper procedures are followed. Substitutions for the Chair or External Member are not permitted, except as noted above as pertains to the chair. In order for you to change membership on a supervisory committee, you must submit a Change of Committee Form signed by all current and new members (see the Milestones section of the Canvas portal).

Practicum Requirements

The clinical practicum sequence is designed to develop a broad range of clinical skills and competencies in health service psychology under close supervision. Practicum placement and grade assignment are the responsibility of the   Director of Clinical Training in consultation with clinical supervisors. The goal of this professional training is to provide a firm grounding in basic clinical skills which can be further refined during the intensive one year internship. The areas in which the program strives for the development of basic competencies are described in Appendix D.

Core Practica. Eight credit hours of core practica (CLP 6943) are required for students. The core practicum sequence consists of four 3-month rotations that take place during the 3rd-6th semesters of enrollment. Under special circumstances determined by individual student goals and needs, the timeline of Core Practicum training may be modified with approval of the Director of Clinical Training.

Students also begin conducting supervised outpatient therapy during their second year while on core practicum. Students should begin seeing outpatient therapy cases at the beginning of their

second quarter (October) of the core practicum year. Student typically start with one case, and then gradually add to the caseload over the year so that they are seeing 3 to 4 cases per week by the end of the second dear.

Advanced Practica Enrollment in advanced practicum typically begins during the third year of matriculation and, depending on the student's Major Area of Study, may continue until the student leaves for internship. The Application for Advanced Practicum form must be approved prior to registration for these hours and must accompany the general registration form during advanced registration. There are several kinds of advanced practica and many students take more than the minimum required.

    a) Practicum in Intervention (CLP 6947). Program requirements include 5 hours of CLP 6947 or its equivalent... There are two ways of completing the intervention practica:

        (1) Ongoing therapy training. Students may register for 1 or more credits in a given semester, and must maintain a caseload appropriate to the credit load. *It is expected that students will obtain 25 direct contact hours for each credit of registration.* Generally speaking, the minimum requirements for therapy training are 2-3 weekly cases, or their equivalent, under the supervision of core program faculty.

        (1) Individually designed advanced practica. These include specific training experiences with one or more CHP faculty or participation in an off-site practicum such as at the Student Mental Health Services or Counseling Center (See Appendix E for a description of off-site practica). Credits are determined on an individual basis. Faculty supervisors in off-site practica must participate directly in the practicum evaluation process.

        (2) Beginning with those entering the program in 2014-2015, each student will be required to complete a supervision practicum during their fourth year in the program. This supervision practicum will involve providing faculty monitored supervision to less experienced student therapists.

    b) Advanced Specialty Practica (CLP 6945, 6946, and 6948). These advanced practica are associated with specific areas of concentration requirements and include those in Neuropsychology (6945), Applied Medical Psychology (6946), and Clinical Child/Pediatric Psychology (6948). Students concentrating in one of these areas will be required to complete one or more of these practica based on area specific requirements; other students may take these courses with approval of the Area Head.

Students are expected to obtain regular supervision of their practicum training activities by program faculty. The specific policy governing supervision of student clinical activities is reproduced below.

Practicum Evaluation

Clinical Competency Assessment Tool (CCAT)

The assessment of competence fosters learning, evaluates progress, assists in determining curriculum and training program effectiveness, advances the field, and protects the public. Competence as the outcome of education and training is valued and increasingly addressed by healthcare professions.

Each semester starting with the beginning of core practicum in the second year of training, students are expected to initiate the Clinical Competency Assessment Tool (CCAT) with each of their clinical supervisors. Students will report on the types of clinical activities completed with each supervisor. Supervisors will rate students on competency benchmarks in several domains of professional psychology: 1) Professionalism; 2) Professional Relationships; 3) Application of Knowledge and Skill to Practice; 4) Science in Practice; 5) Supervision; 6) Systems.

Clinical Logs

Beginning in Year 2 and beyond students must submit practicum training logs each semester to report their clinical activities in assessment and intervention. In these logs, students will list the patients they have seen and report contact hours and any tests and procedures conducted.

Logs serve to keep track of clinical hours that will be reported to APPIC when applying for internships, and also assist faculty in ensuring students are handling a variety of cases.

Completing CCAT's and clinical logs is a professional responsibility of both students and faculty. In addition to enabling supervisors to grade semesterly practica, the Clinical Progress Committee uses cumulative practicum evaluations and logs in assessing yearly progress toward program competencies.

Clinical Supervisor Evaluation

Classroom teaching is evaluated by students through the University every semester at the end of each course. However, clinical supervision is typically not evaluated through the same University system. Rather, we have developed an internal department system for students to evaluate faculty clinical supervision. Student input is important for improving the Department's clinical supervision practices and for when faculty are being reviewed for tenure and promotion. This occurs at the end of each semester; you will be prompted to complete these evaluations by the Academic Coordinate and/or Director of Clinical Training. Students are highly encouraged to complete these faculty evaluations.

Research Mentor Evaluations

Similarly, research mentorship is evaluated by students annually through an internal department system via qualtrics. Student input is vital for improving the Department's faculty mentorship of students and for when faculty are being reviewed for tenure and promotion. This occurs annually at the end of the summer term; you will be prompted to complete these evaluations by the Academic Program Coordinator (APC) and/or Program Directors (PD). Students are highly encouraged to complete these mentorship evaluations. The policy on how student confidentiality is maintained and how data from these evaluations are distributed to department leadership and faculty is listed below.

1. Evaluations are to be completed from July 7th – August 15th each year, with the exception of students leaving on internship, who can complete their evaluations earlier in the summer. There will be separate links for the numerical ratings form and a comments form; data from these two surveys will be stored in separate databases. This ensures that individual numerical ratings and comments are not be linked to each other.

2. Numerical ratings and written comments from all students will be processed by APC and kept in a folder that only the APC has access to. After calculating mean ratings for each of the items on the mentor evaluation form across students for each mentor, the APC will provide the mean for all items and comments across all students for each mentor to the PD and Chair. This information will be provided to PD and Chair within one month of evaluation completion to ensure that any critical issues are addressed in a timely fashion and that the Chair can discuss ratings in their annual evaluation meetings.

3. Information will not be shared with mentors until there are responses from at least three students so as to help facilitate some degree of "blind ratings". This may require that ratings are not shared with the mentor for a year or more. However, as soon as there are three students who have completed mentor evaluations, this information can be shared with the faculty mentor. Thus, it is possible, and likely in many cases, that evaluation data will be shared with mentors within months of completion. *If a student has concerns about their feedback not getting back to their mentor in a timely mentor, please reach out to the PD or Chair to discuss options.*

4. Evaluation data from the students mentored by the Chair will be reviewed by the PD, and information from students mentored by the PD will be reviewed by the Chair. Evaluation data from their respective mentees will then be shared with the PD and Chair per the guidelines outlined in point #3

5. Students are not required to include comments in the "written comments" box on the evaluation.

6. When mentee evaluation data and comments are shared with faculty:
   a. Only mean ratings across raters for each item will be shared with the faculty mentor.
   b. Written comments will be shared with the faculty mentor, but will be separated from numerical ratings, and will presented in a "student written comments section" with other students written comments for this mentor.

7. If a student would like to speak with the PD or Chair with concerns or questions about their mentor, or to enlist help in communicating their concerns to their mentor, students are strongly encouraged to either contact the APC or PD or Chair directly, to set up a time to meet. A statement to this effect is listed as the end of each survey.

Supervision Policies

The changing and expanding roles of health service psychologists requires the specification of supervisory relationships involving faculty and trainees. In the past, the vast majority of supervision in the department was directly offered by faculty for trainee-performed service delivery in the Psychology Clinic setting. Now, however, trainees are providing services in rural settings, in schools, in homes, and in other venues, and supervision is provided not only by faculty but also by postdoctoral associates. The Curriculum Committee has examined the issues brought up by such diverse supervisory relationships and offers the following guidelines and policies to govern each major type of relationship. These policies pertain to all supervised

patient contacts occurring in research and practicum settings. A major distinction is made between "***direct supervision***" (supervision provided directly by a licensed faculty member) and ***"indirect supervision"*** (supervision provided by an unlicensed trainee [e.g., post-doctoral associate] or faculty member who is, in turn, under the supervision of a licensed faculty member). In "indirect" supervision, the student trainee might not meet weekly with the licensed faculty member, but receives most of the direct supervision from their unlicensed designee.

1) Local Direct Supervision. Local direct supervision is supervision offered directly by licensed faculty members for services delivered in the local Academic Health Center environment. Such supervision is expected to be physically face-to-face and is governed by the existing Psychology Clinic policy on Billing and Supervision. In cases where licensed faculty supervise ongoing psychotherapy cases, it is expected that the faculty will meet the patient directly during an initial therapy visit and that, during this meeting, the supervisory relationship between the faculty and trainee therapist will be discussed with the patient.

2) Remote Direct Supervision. Local direct supervision implies that the supervisor is physically available for supervisory consultation ***at the time services are rendered***. In instances where the supervisor is not officially at work at the HSC or is out of town, the designated supervisor is the individual named as back-up supervisor by the traveling faculty member, or in cases where this individual cannot be located, the Clinic Director. In these instances, the traveling faculty supervisor *de facto* transfers case responsibility to another physically present institutional representative (i.e., professional psychologist) for supervision of that service event.

> ***Remote*** service delivery is defined as a service delivery event in which no institutional official is physically available to provide immediate supervision or intervention (e.g., in home or school visits). In these instances, documentation must exist prior to service delivery that a decision-making process has taken place that specifically includes an assessment of risk to the student. Three categories of risk are differentiated as follows: (1) no or low risk, (2) medium risk, (3) high risk. Definitions of risk will be considered on a case-by-case basis, and the specific conditions considered must be documented in the chart. For Category 1 cases, the student will be permitted to see the case alone. For Category 2 cases, students will be required to carry a cellular telephone that would permit immediate contact with the faculty supervisor. For Category 3 cases, students will be required to carry a cellular telephone and to be accompanied by an additional person who can perform the functions of oversight, witnessing, and/or physical intervention should such functions become necessary. After the service delivery event, the existing Psychology Clinic Policy on Billing and Supervision governs provision of direct supervision by the faculty supervisor.

3) Indirect Supervision. As indicated above, ***"indirect supervision"*** is defined as face-to-face supervision of student and intern service delivery by an unlicensed professional (post-doctoral associate, faculty) who is, in turn, supervised by a licensed faculty member. This is termed "indirect supervision" because the responsible professional (the licensed faculty member) normally provides oversight indirectly through the actions of an unlicensed psychologist.

(a) Supervision by Unlicensed Faculty. It is expected that unlicensed faculty members who provide supervision of graduate students and interns will follow all existing policies regarding billing and supervision. The licensed faculty member who is ultimately responsible for these cases should arrange to meet the patient during the assessment or during an early therapy session, at which point the supervisory relationships in place for that patient's care are explained. Unlicensed faculty members are required to establish regular supervision meetings with a licensed faculty supervisor. Unlicensed faculty are expected to pursue and obtain licensure at the earliest possible time they are eligible for licensure.

(b) Supervision by Post-Doctoral Associates. Indirect supervision by post-doctoral associates is permissible provided that an explicit policy for direct supervision is in place and that student trainees are advised of that policy. All supervision by post-doctoral associates is expected to conform to existing policies on billing and supervision. The licensed faculty member who is ultimately responsible for these cases should arrange to meet the patient during the assessment or during an early therapy session, at which point the supervisory relationships in place for that patient's care are explained. In all cases in which this arrangement is used, students and interns must be furnished with an explicit plan they should follow if they wish to contact the licensed faculty supervisor directly for consultation. It is expected that the post-doctoral associate who provides supervision to students and interns should have in place a regular supervisory meeting with the responsible licensed faculty member. Periodic (e.g., at least monthly) combined supervisory meetings involving the responsible faculty member, the post-doctoral associate, and the student/intern supervisees should be arranged to allow for timely discussion of clinical and supervisory issues.

Approved by Curriculum Committee 7/28/05, effective date 7/28/05

4) Research Supervision. Trainees who have face-to-face hours performing clinically-relevant activities with patients can count those hours as direct clinical hours if the following conditions are met:
   a) The trainee meets regularly with the research supervisor ("regularly" can be defined uniquely, but there should be a standing, routinely scheduled means for obtaining supervision from the PI/mentor)
   b) The supervision has a mechanism whereby the clinically-relevant activities of the trainee are routinely reviewed (e.g., this may be a discussion about the week's intervention or assessment accomplishments, the patients enrolled, etc.)
   c) The supervision must be such that the trainee has an opportunity to discuss enrolled participants at an individual level (this does NOT mean that every enrollee must be discussed or reviewed explicitly; there just needs to be an opportunity to do so if needed)

The research supervisor DOES NOT need to be licensed to perform clinical service activities, but obviously should have demonstrated competencies in the activity that is supervised. To clarify "clinically relevant" - the activities that qualify for such face-to-face hours counting should be reasonably connected to the subject matter for which the hours are being counted. So, for example, it would be far more defensible to count face-to-face hours spent in active

intervention or assessment of behavior, cognition, functional adaptation, etc. than it would to count hours collecting and spinning blood samples or segmenting hippocampi on MRI scans since the former is more central to the definition of the kinds of things that health service psychologists do.

Supervision of Training and Outside Employment Policies

In order for the department to support its students by assuring a high quality education and timely progress towards their degrees and to assure oversight that each student achieves competency in their clinical and scientific endeavors, the faculty of the Department of Clinical and Health Psychology provide the following policies for education and training.

Required Assessment/Consultation Practica

Students are assigned to their core assessment rotations (CLP 6943; Core Practicum in Clinical Psychology) by the   Director of Clinical Training; these rotations take place in the Psychology Clinic or at external sites and are supervised by CHP core faculty. In addition to this core experience, students are required to complete advanced specialty practica in their major area of study under the direct, face-to-face supervision of faculty budgeted in the Department of Clinical and Health Psychology. The core assessment practica and the advanced practica required by the student's major area of study (CLP 6945, Advanced Practicum in Neuropsychology; CLP 6946, Advanced Practicum in Applied Medical Psychology; CLP 6948, Advanced Practicum in Clinical Child Psychology) must be completed successfully *before* additional advanced practica, supervised by a faculty member outside the department, may be arranged.

Additional practica arranged outside the department must receive prior approval by the faculty of the major area of study, including signoff by the student's mentor, and by the Director of Clinical Training. Petitions to approve outside practica should be submitted to the Area Head after discussion with and signoff by the mentor, who will present the proposal to area faculty for review and evaluation. Approval by the area is required before submitting the proposal to the Curriculum Committee/   Director of Clinical Training for final approval.

A faculty member with an appointment in the Department of Clinical and Health Psychology (courtesy, adjunct, joint, etc.) must provide direct, face-to-face supervision of all specialty practicum experiences. That faculty member will be required to complete formal evaluations of students under their supervision and to attend relevant meetings in which the practicum evaluations are discussed by the faculty. Faculty members outside the department may also provide such supervision as long as the practicum experience is approved by the Area and Director of Clinical Training beforehand, and as long as that faculty member has agreed to participate in our formal practicum evaluation procedures.

Students are strongly encouraged to review https://internal.phhp.ufl.edu/chp/clinic.html. This set of pages includes clinical schedules, tip sheets, applications, forms, guidelines for counting hours, and more.

Research Training

All research activities conducted to meet the requirements of the doctoral training program (thesis and dissertation) must be supervised by budgeted faculty of the Department of Clinical and Health Psychology or those UF faculty holding a joint appointment with the department. Exceptions require approval of the Area Faculty and Associate Chair for Research and Graduate Studies and appointment of a budgeted faculty member as co-chair of the research committee, as per existing departmental regulations.

All research activities outside of the thesis and dissertation project requirements that are not conducted under the supervision of a budgeted faculty member must be approved by the Area Faculty and the Chair of the student's thesis or doctoral committee and Program Directors, using the "Request to Participate in Research/Clinical Activity Outside the Department" form (see CANVAS PORTAL)

Didactic Training
Independent study courses taught by faculty members outside of the budgeted faculty of the department must be approved by the student's mentor, Area Faculty, and the Associate Chair for Research and Graduate Studies.

Outside Employment
It is the policy of the Department of Clinical and Health Psychology that all trainees obtain the approval of the Program Directors before accepting employment outside the assigned assistantship or fellowship. This approval requires the completion of the "Request to Participate in Outside Employment" form, endorsed by the student's assistantship or fellowship supervisor and research mentor. This form must be approved prior to commencing any employment (additional OPS clinic work and outside employment).

Internship Requirement

The internship is a full year intensive supervised clinical experience that is the capstone of professional training in the doctoral program. While the Department offers its own APA accredited internship, students normally apply to other APA accredited sites in order to broaden their professional experience. Choices of where to apply are made in consultation with doctoral committee chairs and the   Director of Clinical Training, who conducts a formal Internship Preparation Seminar (not for credit) in the fall semester for students planning to apply for internships at that time. A minimum of 6 credit hours (2 hours per each of three semesters) are required during the internship year of 12 months. Graduate School requirements for minimum enrollment during internship is 3 hours in Fall and Spring and 2 hours in the Summer semester if you wish to be coded as full-time and receive financial aid.

The student applies for internship in the fall term of the fourth year. The entire process is governed by agreements among Director of Clinical Training and Internship Centers and is more

fully described in the APPIC notification procedures (see http://www.appic.org), which are revised yearly.

In order to apply for internship the student must have made satisfactory clinical progress and have the approval of the Director of Clinical Training, the Clinical Progress Committee and the doctoral committee chair. In order to apply for internship, the student must have successfully defended the dissertation proposal by October 1 of the fall in which the internship application is made and must have a positive endorsement of the Clinical Progress Committee on file by that date. Students will be informed of the Clinical Progress Committee's evaluation of their intern readiness as soon as it is completed.

PROGRAM REQUIREMENTS
SUMMARY 2021-2022

PRACTICA/INTERNSHIP

COURSE	TITLE	CRD
CLP 6943	Core Practicum in Clinical Psychology	8*
CLP 6947	Practicum in Intervention	5**
CLP 6945, 6946, or 6948	Advanced Practicum (Neuropsych, Applied Med Psych, Clinical Child Psych)	3-6***
CLP 7949	Internship	6
	TOTAL	22-25

CLP 6430	Psychological Assessment	4
CLP 6407	Psychological Intervention/Treatment	3
SOP 6099	Survey of Social Psychology	3
PHC 6001	Principles of Epidemiology	3
CLP7934	Diversity, Equity & Health Disparities	3
	TOTAL	39

ELECTIVES

Course	Title	CRD
Varies	Advanced Intervention	3
Varies	Advanced Statistics	3
Varies	Area of Concentration	9-15
	Introduction to Public Health	0
	Interdisciplinary Family Health	0
	Total	16-21

SUMMARY

CLP Core	39 credits
Pract/Internship	22 – 25 credits
Research	20 credits
Electives	16 – 21 credits
TOTAL CREDITS:	97 – 105 credits

CORE RESEARCH

COURSE	TITLE	CRD
CLP 6971	Master's Research	5
CLP 7979/7980	Advanced/Doctoral Research	15
	Total	20

CLINICAL PSYCHOLOGY CORE COURSES

COURSE	TITLE	CRD
CLP 7934	Intro to Clinical Psychology	1
CLP 6527	Meas Res Design Analysis I	3
CLP6528	Meas Res Design Analysis II	3
CLP 7934	Cognitive & Affective Bases of Behavior	3
DEP 6099	Survey of Developmental Psychology	3
PSY 6608	History of Psychology	3
CLP 6307	Human Higher Cortical Function	3
CLP 6476	Lifespan Psychopathology	4

Program of Study should be planned with the guidance of your mentor. Configuration of Area of Concentration courses vary based on individual needs **Credit loads depicted here may vary** and are based on several factors including, but not limited to student's financial assignment (Assistantship, Fellowship), the nature of selected Minor or Area of Concentration, and electives taken (contact Area Head for elective approval if not listed here or elsewhere in handbook).

Some foundations courses are administered in the Department of Psychology. These include Social Psychology and History of Psychology (held every Spring), and Developmental Psychology (held every other year in the fall); two other foundations courses (Cognitive & Affective Bases of Behavior and Higher Cortical Function) are taught by CHP.

SAMPLE Curriculum Timeline

Clinical-Child/Pediatric Psychology Area of Concentration

	Fall	Spring	Summer
1 25 cr.	CLP 6971 Master's Research (1) CLP 7934 Intro to Clin Psychology (1) CLP 6476 Lifespan Psychopathology (4) CLP 6527 Research/Design I (3) **9**	CLP 6430 Psychological Assessment (4) CLP 6528 Research/Design II (3) CLP ???? Diversity, Equity & Inclusion (3) **10**	CLP 6971 Master's Research (1) CLP 6943 Core Practicum (2) (Pre-practicum Summer A; Core Rotations begin Summer B) CLP 6407 Psychological Intervent/Treatment. (3) **6**
2 26 cr.	CLP 6971 Master's Research (1) CLP 6943 Core Practicum (2) CLP 7934 Cognitive & Affective Bases of Beh (3) CLP 7934 **Child & Family Treat (Req Child: 3)** **Present First Year Project 9**	CLP 6971 Master's Research (3) CLP 6943 Core Practicum (2) CLP 6529 Multivariate Statistics (3) SOP 6099 Social Psychology (3) **Defend Masters 11**	CLP 7979 Advanced Research (1) CLP 6943 Core Practicum (2) (Rotations end at the end of Summer A) PHC 6001 Principles of Epidemiology (3) **Form Doctoral Committee 6**
3 24 cr.	CLP 7979/7980 Advanced/Doctoral Res (1) CLP 6947 Practicum in Intervention(1) CLP 6948 **Adv. Practicum in CC/PP (1)** DEP 6099 Developmental Psychology(3) CLP 7934 **Pediatric Psychology (3)**** **Take Qualifying Exam 9**	CLP 7980 Doctoral Research (1) CLP 6947 Practicum in Intervention(1) CLP 6948 **Adv. Practicum in CC/PP (1)** CLP 6307 Higher Cortical Functioning (3) PSY 6608 History of Psychology (3) **9**	CLP 7980 Doctoral Research (1) CLP 6947 Practicum in Intervention(1) CLP 6948 **Adv. Practicum in CC/PP (1)** CLP 7934 **Advanced Child Psychotherapy (3)**** **Propose Dissertation 6**
4 24 cr.	CLP 7980 Doctoral Research (3) CLP 6948 **Adv. Practicum in CC/PP (2)** CLP 6947 Practicum in Intervention(1) CLP Advanced Intervention Elective (3) **Apply for Internship 9**	CLP 7980 Doctoral Research (2) CLP 6947 Practicum in Intervention(1) CLP 6948 **Adv. Practicum in CC/PP (Req Child: 1)** Elective (3) **9**	CLP 7980 Doctoral Research (3) **3**
5 10cr.	CLP 7980 Doctoral Research (1) CLP 7949 Internship (2) **3**	CLP 7980 Doctoral Research (1) CLP 7949 Internship (2) **3**	CLP 7980 Doctoral Research (2) CLP 7949 Internship (2) **Defend Dissertation** **4**

**indicates possible electives taken by child area students

SAMPLE Curriculum Timeline

Neuropsychology and Clinical Neuroscience Area of Concentration

	Fall	Spring	Summer
1 25 cr.	CLP 7934 Intro to Clin Psychology (1) CLP 7934 Classics in Neuropsychology (1) CLP 6476 Lifespan Psychopathology (4) CLP 6527 Research/Design I (3) **9**	CLP 6430 Psychological Assessment (4) CLP 6528 Research/Design II (3) CLP ???? Diversity, Equity & Inclusion (3) **10**	CLP 6943 Core Practicum (2) (Pre-practicum Summer A; Core Rotations begin Summer B) CLP 6407 Psychological Intervent/Tx (3) Masters Credit or Elective (1) **6**
2 24 cr.	CLP 6943 Core Practicum (2) CLP 7934 Clin & Functional Neuroanatomy* (4) CLP 6529 Multivariate Statistics* (3) **Present First Year Project 9**	CLP 6971 Master's Research (4) CLP 6943 Core Practicum (2) *1 or 2 courses below – depending on year taught* CLP 7428C Adult NP Assessment (3) Required CLP 6529 Adv Stat: Change Analysis (3) OR CLP 6307 Higher Cortical Functioning (3) OR *If take 2 of the above options, this will be 12 credits, which is 1 over the 3 extra credits allotted to entering students.* **Defend Masters 9**	CLP 7979 Advanced Research (1) CLP 6943 Core Practicum (2) Elective (3) **Form Doctoral Committee 6**
3 24 cr.	CLP 6947 Practicum in Intervention (1) CLP 7945 Advanced Psychotherapy (3) CLP 7979 Advanced Research (2) *1 of 2 below -* CLP 7934 Clinical & Cognitive Neuroscience Methods & Theory (3) or CLP 7934: Cog & Affective Bases of Behavior (3) **Take Qualifying Exam 9**	CLP 7980 Doctoral Research (3) CLP 6945 Advanced Practicum in NP (3) *Select from below* CLP 7428C Adult NP Assessment (3) OR CLP 6307 Higher Cortical Functioning (3) OR CLP 6529 Adv Stat: Change Analysis (3) **9**	CLP 6947 Practicum in Intervention (1) Doctoral Research (2) Elective or PHC 6001 (Princ Epidemiology) **Propose Dissertation 6**
4 24 cr.	CLP 6945 Advanced/Spec Practicum in NP (3) Foundations Course (Dev or Social) (3) *1 of 2 below -* CLP 7934 Clinical & Cognitive Neuroscience Methods & Theory (3) or CLP 7934: Cog & Affective Bases of Behavior (3) **9**	CLP 6945 Advanced/Spec Practicum in NP (3) CLP 6947 Practicum in Intervention (1) CLP 7980 Doctoral Research (2) Elective or Foundational Course (History) (3) or Supervised Teaching (1-3) **9**	CLP 6945 Advanced/Spec Practicum in NP (3) CLP 6947 Practicum in Intervention (1) Elective (3) or Foundational course (3) OR additional Doctoral Research hours OR Supervised Teaching (1-3) **6**

24	CLP 7980 Doctoral Research (2) CLP 6947 Practicum in Intervention (1) Foundation Course (Dev or Social) (3) Elective (3) **Apply for Internship* 9**	CLP 7980 Doctoral Research (6) Elective or Foundational Course (History) (3) **9**	CLP 7980 Doctoral Research (6) **Defend Dissertation 6**
6	CLP 7949 Internship (2)	CLP 7949 Internship (2)	CLP 7949 Internship (2)

Elective NP Courses**:
- **NP Case conceptualization** (Price)   Summer every other year (2022-2024)
- **Forensic Neuropsychology** – Summer every other year (2021); Instructor: Bauer for 2021, but unknown moving forward
- **Clinical and Cognitive Neuroscience Methods & Theory** (Woods/Gullett)   Fall- every other year (2021-2023)
- **Neuroimaging Methods in Cognitive Neuroscience** (Tanner); Spring – yearly
- **Neuropsychology of Aging** (Marsiske; every semester, online)
- **Subcortical and Movement Disorders** , Spring every other year (2022-2024), Instructor=Vaillancourt in HHP this used to be taught by Bruce Crosson);
- **Alzheimer's Course,** Fall every year, in Neuroscience
- **Child Neuropsychology,** TBD

   ** Electives other than these NP electives can be selected (e.g., Grant Writing, etc.)

Required Courses
- Neuroanatomy: Fall every year
- NP Assessment of Adults: Spring, every other year (2021, 2023, etc.)
- Advanced Practicum in NP (1 rotation)
- Classics in NP (1 credit): Fall every year
- Higher Cortical Function: This can be used to fulfill APA biological bases of behavior requirement, Spring every other year (2022, 2024, etc.)
- Supervised Teaching (1 credit): This could involve one of undergrad courses taught by our department (i.e., Intro to Clinical NP, Methods in Cognitive Neuroscience) or one of grad courses (i.e., NP Assessment, Higher Cortical Function, etc.)

NOTE: The NP Area requires only 1 advanced NP Practicum (3 hours); however, many students opt for additional NP practica – this can be achieved by completing another rotation on another NP faculty clinic or by completing a specialty practica.   The schedule above includes 3 additional clinical practica beyond advanced though none are required. Remember more is not necessarily better.

CHP requires: Minimum of 12 doctoral research hours, 3 of which must be taken the semester the student defends. Thus if doctoral defense occurs during internship, then student must register for 3 then, in addition to internship hours; b) Minimum of 5 master's credits, with 3 being taken the semester of the master's defense and c) Minimum of 5 hours in Practicum in Intervention, with at least 1 being taken the last year in residency at UF

SAMPLE Curriculum Timeline
Clinical Health Psychology Area of Concentration

Year	Fall			Spring			Summer		
1	CLP 6476	Lifespan Psychopathology	4	CLP 6430	Clin Psych Assessment	4	CLP 6407	Psychological Treatment/Intervention	3
	CLP 6527	CLP 6527 Research/Design I	3	CLP 6528	Meas/Research/Stats II	3	CLP 6943	Core Practicum	2
	CLP 7934	Intro to CLP: Prof Iss &Ethics	1				CLP 6971	Masters Research	1
	CLP 6971	Masters Research	1	CLP ????	Diversity, Equity & Health Disparities	3			
			9			**10**			**6**
2	CLP 7934	Behavior Health & Illness	3	CLP 6307	Human Higher Cortical Functioning Adult Neuropsychological Assessment (AREA ELECTIVE)	3	~	PROGRAM ELECTIVE	3
	CLP 7934	Multivariate Statistics	3	CLP 7428		3	CLP 6943	Core Practicum	2
	CLP 6943	Core Practicum	2	CLP 6943	Core Practicum	2	CLP 7979	Advanced Research	1
	CLP 6971	Masters Research	1	CLP 6971	Masters Research	3	~	**Form Doctoral Committee**	
	~	**Present First Year Project**	~	~	**Defend Masters**	~			
			9			**11**			**6**
3	CLP 7934	Advanced Psychotherapy	3	NGR 6538	Psychopharmacology for Psychiatric Nursing	3	PHC 6001	Epidemiology	3
	DEP 6099	Developmental Psychology	3	CLP 7934	Health Promotion	3	CLP 6946	Advanced Practicum in Health Psych	1
	CLP 6946	Advanced Practicum in Health Psych	1	CLP 7979	Advanced Research	2	CLP 6947	Practicum in Intervention	1
	CLP 6947	Practicum in Intervention	1	CLP 6947	Practicum in Intervention	1	CLP 7890	Doctoral Research	2
	CLP 7979	Advanced Research	1	~	**Take Qualifying Exam**	~	~	**Propose Dissertation**	
			11			**9**			**7**
4	CLP 7934	Cognitive & Affective Bases of Behavior	3	SOP 6099	Social Psychology	3	CLP 7890	Doctoral Research	3
	CLP 6946	Advanced Practicum in Health Psych	1	PSY 6608	History of Psychology	3			
	CLP 7890	Doctoral Research	3	CLP 7317	Adv Health Psych & Behavioral Medicine	3			
	CLP 6947	Practicum in Intervention	1	CLP 6947	Practicum in Intervention	1	~	**Defend Dissertation**	
	~	**Apply for Internship**	~	CLP 7890	Doctoral Research	1			
			8			**11**			**3**
5	CLP 7949	Internship	2	CLP 7949	Internship	2	CLP 7949	Internship	2
	CLP 7890	Doctoral Research	1	CLP 7890	Doctoral Research	1			
			3			**3**			

COURSE POLICIES

All courses seek to provide for an integration of theory, research and practice through both didactic and experiential components, and address issues of ethics and human diversity as related to the subject matter.

Course Exemptions

The exemption or substitution of any course in the curriculum requires the written approval of the Associate Chair for Research and Graduate Studies. In the case of a course exemption, the instructor of that course may examine the student in written or oral fashion, or may review previous course materials (e.g., syllabus, papers, examinations) in order to determine course comparability. The student should first discuss their desire to exempt a course requirement with the Associate Chair for Research and Graduate Studies, who will help them first assess whether the content of their previous course is likely to meet UF program requirements. If this assessment is positive, the student, together with the Associate Chair for Research and Graduate Studies   , fills out the Course Exemption/Substitution form (Appendix L). This completed form, together with the syllabus from the course the student wants to exempt/substitute, is submitted to the CHP faculty member who teaches the corresponding course in the UF curriculum. The faculty member then reviews the student's completed coursework and makes a recommendation to the Associate Chair for Research and Graduate Studies. The faculty member may approve the request, deny the request, or recommend conditional approval based on the student's completion of additional requirements. In the case of conditional approval, the faculty member may recommend that the student attend certain lectures that would supplement their existing education, or may recommend completion of an additional requirement. If a course exemption is approved, the completed form will then be filed in the student's academic folder. A separate form petitioning the Graduate School for transfer of credits from the student's prior institution is necessary if the student wants to use these credits toward meeting graduation requirements. The student should consult the Academic Coordinator for instructions on how to obtain Transfer of Credit forms.

"Mentored" Courses

There are a number of "mentored" courses that may be taken under the guidance of a faculty member who is competent in the area of study and who is willing to devote time and energy to the work. Doctoral research must be taken under the appropriate research course title (CLP 7980), and cannot be taken until the student has completed their qualifying examination and advanced to doctoral candidacy under the guidance of a chair and doctoral supervisory committee.

1. **CLP 6905 (Individual Work)** This course can be taken at any time. The form in Appendix L must be completed and approved by the Associate Chair for Research and Graduate Studies and the instructor before a section number can be assigned. This is the only independent study course that is graded; others are S/U. This course is not to be used for preliminary work on the doctoral dissertation. No more than 3 credits of 6905 can be taken as part of the area concentration.

2. **CLP 6910 (Supervised Research)** (Maximum 5 credits)

3. **CLP 6971 (Masters Research)** The student is typically enrolled in this course from the first semester of matriculation until the M.S. is successfully defended. (Minimum 5 credits)

4. **CLP 7979 (Advanced Research)** This course is taken after completion of the M.S. thesis but prior to admission to candidacy for the doctoral degree. It cannot be taken after admission to candidacy.

5. **CLP 7980 (Doctoral Research)**. This course is taken only after admission to doctoral candidacy.

EVALUATIONS AND STANDARDS

Types of Evaluations

The student's progress in the program and their promise as a clinical psychologist are evaluated continuously by the faculty. While feedback is provided on a continuous basis in the context of supervisory relationships, formal feedback occurs at specific points throughout the program. Students should ennsure that their departmental file is up-to-date with relevant evaluation forms and documentation of their achievements. Formal evaluations include:

1. **Course grades** The course instructor determines course grades based on established grading policies and performance on assigments contained in individual course syllabi.

2. **Practicum evaluations** Evaluations of professional development with respect to knowledge, skills and attitudes are conducted on a semesterly basis. All faculty who supervise the student are expected to submit an individual evaluation of student performance for that semester. **See the Canvas portal for a copy of the Clinical Competency Assessment Tool (CCAT), the current practicum evaluation form.** Review of this form before beginning practicum is encouraged as a way of providing information about the behaviors and competencies upon which clinical performance will be evaluated.

3. **Clinical Progress Committee Review** In early summer of each academic year, the Clinical Progress Committee conducts the yearly evaluation of current and potential clinical skills of each student. Satisfactory progress in this area is equal in importance to progress in coursework and research. A lack of evaluations in the departmental file can result in an unsatisfactory progress report.

4. **Research Progress Review** Mentors and committee chairs provide the Program Directors with a research progress evaluation each semester and a summary evaluation at the end of the year.

5. **Annual Review**. Each year (typically in June/July), the student submits a formal online Student Activity Report (SAR) that is used to both evaluate their progress in the program and to provide activity data needed for continued APA accreditation. The SAR covers professional, research, clinical, and academic activity for the previous academic year. An annual review is conducted each summer at which time the faculty reviews the academic, research and professional progress of each student. At the end of the summer term, the faculty consensus on the student's overall progress is conveyed to the student in a letter from the department, with appropriate advisement as to their status in the program. Following the second year, after students have completed core practicum, faculty at this meeting vote on whether to retain trainees for continued graduate study. The vote is based on adequate

progress in research, clinical and classroom work. Students who do not receive a favorable vote are withdrawn from the program.

<div align="right">(Section 5 updated 10/14/2021)</div>

6. **<u>Special Reviews</u>**
    a. Students wishing to apply for internship undergo Clinical Progress evaluation in early fall with respect to their readiness to begin the internship application process.
    b. At the end of the student's second year, faculty will review student progress in the program and will formally decide whether the student should continue their studies in good standing or be placed on a remedial probation.

7. **<u>Qualifying examination</u>** To achieve doctoral candidacy status in the Graduate School, the student must satisfy the qualifying examination requirement as described in the Graduate Catalog. The graduate school permits students to take the qualifying examination in the third semester after completing the Bachelor's degree, or later. The student must schedule the Qualifying Examination in conjunction with their supervisory committee and must work with the Academic Coordinator to schedule a room and to obtain the necessary Graduate School and Departmental forms that must be signed and submitted once the examination is concluded. This examination is *usually* taken during the third year of graduate study, and covers the major and minor subjects, but exact timing may vary according to the student's Chair and committee's specific guidance. For example, students who enter the program with an *approved* Masters thesis, and who have completed at least one full semester in the program may take the doctoral qualifying examination whenever their Chair and committee feel they are ready. Students who wish to complete the Qualifying Exam earlier than the third year, and who have met all other conditions describe above, are permitted to do so. At this time the supervisory committee decides whether the student is qualified to continue work toward the Ph.D. The Graduate School relies on individual programs to establish their own policies and procedures for administering the Qualifying Examination. Departmental policies and procedures for the Qualifying Examination in Clinical Psychology are described in [Appendix L].

<div align="right">(Section 7 revised 10/14/2021)</div>

8. **<u>Doctoral dissertation proposal</u>** The doctoral dissertation is proposed in a formal meeting with the doctoral committee. The written format of the proposal is the complete and finalized first two chapters of the dissertation. It must include:
    a. An Introduction Section that fully covers the relevant literature in the subject area, with a full and balanced critique, a clear definition of the problem, and a defense of the relevance of the problem;
    b. A Method Section that is complete and that contains clear and explicit hypotheses that demonstrably follow from the literature review. It must contain all requirements from the <u>APA Publication Manual</u> for methods, as well as detailed description and defense of all measures to be used; a detailed proposal of all statistical analyses to be performed (including the analyses of descriptive statistics, defense of the number of variables per subject and power estimates if appropriate); and a clear explication of the specific analysis tied to each hypothesis.
    c. A Reference Section that is complete.

d. IRB forms completed for the proposed study.

11) **Doctoral dissertation defense** The student must defend their doctoral dissertation in a formal public meeting with the doctoral committee. The dissertation must be prepared as described in the Graduate School's guide for preparing the electronic thesis and dissertation. The student must schedule the Doctoral Dissertation Defense in conjunction with their supervisory committee and must work with the Academic Coordinator to schedule a room and to obtain the necessary Graduate School and Departmental forms that must be signed and submitted once the dissertation defense is concluded. Please visit the Graduate School's website for information and technical assistance at http://graduateschool.ufl.edu/editorial/deadlines.

NOTE: Students are not allowed to bring food or beverages for their faculty committee members during oral qualification examination meetings or dissertation proposal/defense meetings. In conjunction with this policy, faculty are not allowed to ask students to bring food or beverages to these meetings.

Standards of Performance

To maintain enrollment in the graduate program, satisfactory and timely progress must be made with respect to scholarship, research and professional development. Any decision of the Program Directors and faculty regarding the student's status in the program may be appealed to the Chair of the Department.

1. **Scholarship** In addition to the requirement of an overall 3.0 GPA, the student must meet other minimum standards of performance. Any student who earns two unsatisfactory grades (C+, C, C-, D+, D, D-, E+, E, U) in any one semester, or three such grades at any time in the program will be dropped from enrollment. Grades of C+, C, C-, D+, D, D- or lower in any required course must be remediated by repeating the course, or the student may present evidence that he or she has satisfied the instructor by acquiring the minimum knowledge necessary to earn a B in the course (e.g., re-examination, additional assignments). In these cases, "satisfaction of the instructor" is defined as the written request, on the part of the instructor, to change the recorded grade from failing to passing status. In cases where remediation is recommended, the course instructor determines the method of remediation. If the course is repeated, both grades will be counted in the overall GPA. Grades of E+, E, and U can be remediated only by retaking the course. A grade of "I" must be removed by the end of the following semester or it will be considered a failing grade for purposes of gauging progress in the program and will be calculated as an E in the GPA.

2. **Research** Satisfactory progress in research is demonstrated by completion of major research milestones (first year project, if required, dissertation proposal, etc.) and ongoing involvement in research with satisfactory evaluations by committee chair and mentor. Any "U" (unsatisfactory) research grade must be addressed directly with the mentor/supervisor, and a plan for addressing performance dimension leading to the grade must be submitted to the Program Directors.

3. **Professional Development** To maintain satisfactory performance in professional development, students must receive satisfactory evaluations in practica and satisfactory reviews by the Clinical Progress Committee. In the event a student's performance is not satisfactory, the faculty will evaluate the level of performance and its potential for improvement. Additional training may be required as a result of this review. The program faculty makes decisions regarding the need for further training, as well as issues concerning termination of the student in the program.

The faculty will evaluate violations of ethical conduct and practice standards by graduate students. If in their judgment the unethical behavior is of sufficiently serious nature as to compromise a student's promise as a psychologist, the student will be dropped from the program. Examples of such serious violations are felony convictions, disregard for safeguarding confidential material, violation of academic honesty policies (subject to University rule), failure to discharge professional responsibilities, failure to maintain appropriate professional relationships with patients and engaging in professional activities without approval or appropriate supervision. These problems will be evaluated on a case-by-case basis and the results will be communicated to students in writing by the Program Directors.

Program Evaluations

Students provide feedback on the instructional quality of the program through course evaluations that are completed every semester. Students are strongly encouraged to write comments to give specific and detailed feedback. Instructional issues that arise during a course should be discussed with the course instructor, and, if appropriate, with the Program Directors.

Each student is expected to meet with their primary research mentor on a regular basis and is encouraged to meet with   one or both of the Program Directors   as needed for the purpose of program review and an evaluation of personal progress. Individual students are encouraged to make recommendations or suggestions regarding program improvements or modifications through participation in the Qualtrics-based "suggestion box" and can be guaranteed that such suggestions will be treated with thoughtfulness and respect. The link for the suggestion box is: https://ufl.qualtrics.com/jfe/form/SV_bwwoCtNjFL2upXn

Students contribute formally to program evaluation and enhancement. Students serve on the Curriculum Committee, the policy-making group for the program curriculum, and the Clinic Operations Group. Each class has a student representative that meets with the Program Directors to address student issues in a timely manner.

THE UNIVERSITY OF FLORIDA
CLINICAL PSYCHOLOGY DOCTORAL PROGRAM
TECHNICAL STANDARDS

Earning a degree from the Clinical Psychology Doctoral Program requires mastery of a coherent body of knowledge and skills. Doctoral students must acquire substantial competence in the discipline of clinical psychology as specified in the American Psychological Association (APA) Standards of Accreditation and must be able to relate appropriately to clients/patients, fellow students, faculty and staff members, and other health care professionals. Combinations of

cognitive, behavioral, emotional, intellectual, and communication abilities are required to perform these functions satisfactorily. These skills and functions are not only essential to the successful completion of the Clinical Psychology Doctoral Program, but they are also necessary to ensure the health and safety of clients/patients, fellow students, faculty and staff members, and other health care providers.

In addition to required academic achievement and proficiency, the Technical Standards described below set forth non-academic qualifications the Clinical Psychology Doctoral Program considers essential for successful completion of its curriculum. Therefore, in order to be admitted to, to successfully progress through, to be approved for internship, and subsequent graduation from the Clinical Psychology Doctoral Program, applicants for admission and current students in the Clinical Psychology Doctoral Program must satisfy these Technical Standards. Students who are unable to meet these standards may be recommended for remediation or may be terminated from the program, consistent with policies articulated in the Clinical Program Handbook.

I. Attitudinal, Behavioral, Interpersonal, and Emotional Attributes

Doctoral students must be able to relate to clients/patients, fellow students, faculty and staff members, and other health care providers with honesty, integrity, and dedication and in a non-discriminatory manner. They must be able to understand and use the power, special privileges, and trust inherent in the psychologist-client/patient relationship for the client/patient's benefit and to know and avoid the behaviors that constitute misuse of this power. Doctoral students must demonstrate the capacity to examine and deliberate effectively about the social and ethical questions that define psychologists' roles and to reason critically about these questions. They must be able to identify personal reactions and responses, recognize multiple points of view, and integrate these appropriately into clinical decision making. In research teams, doctoral students must demonstrate the ability to interact appropriately with research participants, other students, and faculty and staff members. Doctoral students must be able to collaborate well with others on joint projects (e.g., effectively accept and provide input).

A clinical psychology student must be of sufficient emotional health to utilize fully their intellectual ability, to exercise good judgment, to complete client/patient care responsibilities promptly, and to relate to clients/patients, families, fellow students, faculty and staff members, and other health care providers with courtesy, compassion, maturity, safety, and respect for dignity. The ability to participate collaboratively and flexibly as a member of an inter-professional team is essential. Doctoral student must display this emotional health in spite of multiple and varied academic, teaching, and research responsibilities, in addition to clinical training expectations. Doctoral students must be able to modify behavior in response to constructive criticism. They must be open to examining personal attitudes, perceptions, and stereotypes, especially those that may negatively impact client/patient care and professional relationships. Doctoral students must be able to take responsibility for their behavior, which includes being open to feedback from their supervisors, academic instructors, and research advisors. Doctoral students must be open and empathic with others and show respect for different viewpoints, perspectives, and opinions. They must strive to work collaboratively with others in the classroom, laboratory, clinic, and in all other academic or professional settings. They must convey genuine interest in other people and demonstrate affect tolerance (i.e.,

appropriately manage and contain emotions in academic and professional settings). As an essential part of conducting research or clinical practice, doctoral students effectively tolerate uncertainty and ambiguity. They must be emotionally mature (e.g., intellectually and emotionally open to and appropriate when receiving feedback). Doctoral students must be able to advocate for their own needs in the work place without being inappropriately aggressive. They must also seek the resources and build the relationships needed to advance in their academic or professional careers.

The study and ongoing practice of clinical psychology often involves taxing workloads and appropriate management of stressful situations. A doctoral student must have the physical and emotional stamina to maintain a high level of functioning in the face of multiple demands on their time and energy.

II. Intellectual Skills

Doctoral students must possess a range of intellectual skills that allows them to master the broad and complex body of knowledge that comprises clinical psychology education.

Doctoral students must be able to critically evaluate their own and others' research, including the ability to identify limitations in the research literature or design of a specific study, to critique a manuscript as an ad hoc reviewer, and to "make psychological sense" of their own data. They must be able to use theory to inform the conceptualization, design, and interpretation of research. Additionally, doctoral students must be able to effectively understand the theoretical literature in their identified substantive research area, to appropriately discuss this literature in individual and group lab meetings, and to integrate their understanding into scientific writing and presentations. They must further demonstrate an ability to generate novel hypotheses and to design a study that follows from those hypotheses.

Doctoral students must be able to analyze and synthesize information from a wide variety of sources and must demonstrate sophisticated critical thinking skills. They must be able to learn effectively through a variety of modalities including, but not limited to: classroom instruction, clinical supervision, small group discussion, individual study of materials, independent literature review, preparation and presentation of written and oral reports, and use of computer-based technology.

Because the practice of psychology is governed by the ethical principles set forth in the current APA Ethics Code and by current state and federal laws, including the Florida Psychological Practice Act (Chapter 490, Florida Statutes), a clinical psychology doctoral student must have the capacity to learn and understand these ethical standards and legal requirements and to perform consistent with those principles and mandates as a student in the Clinical Psychology Doctoral Program.

III. Communication Skills

Doctoral students must be able to ask effective questions, to receive answers perceptively, to record information about client/patients, and to provide effective psychoeducation to

clients/patients. They must be able to communicate effectively and efficiently with clients/patients, their families, fellow students, faculty and staff members, clinical supervisors in varied practicum settings, and with other members of the health care team. This includes verbal and non-verbal communication (e.g., interpretation of facial expressions, affects, and body language). Mastery of both written and spoken English is required, although applications from students with hearing and speech disabilities will be given full consideration. In such cases, use of a trained intermediary or other communications aide may be appropriate if this intermediary functions only as an information conduit and does not serve integrative or interpretive functions.

IV. Commitment to Non-Discrimination

The University is committed to equality of educational opportunity. The University does not discriminate in offering access to its educational programs and activities on the basis of age, color, creed, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status.

A doctoral student with a diagnosed psychiatric disorder or other physical, mental, or emotional disability may participate in the Clinical Psychology Doctoral Program so long as the condition is managed sufficiently with or without reasonable accommodation to permit the student to satisfy the requirements of the Clinical Psychology Doctoral Program, including these Technical Standards. Students who seek reasonable accommodations for disabilities must contact the University of Florida Disability Resource Center. The Office will determine a student's eligibility for and recommend appropriate accommodations and services.

In the event of deteriorating function, it is essential that a doctoral student be willing and able to acknowledge the need for and to accept professional help before the condition poses a danger to the student, client/patients, other students, faculty and staff members, or research participants.

V. References

American Psychological Association (2010 with 2016 Amendments). Ethical principles of psychologists and code of conduct. Retrieved from https://www.apa.org/ethics/code/.
Chapter 490, Florida Statutes. Psychological services. URL: http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0490/0490.html

University of Florida Doctoral Program Handbook: https://chp.phhp.ufl.edu/files/2018/11/Student_Handbook_2018-2019_post-11.1.18.pdf

University of Florida Policy Statement on Non-Discrimination: http://regulations.ufl.edu/wp-content/uploads/2012/09/1006.pdf

University of Florida Disability Resource Center: https://disability.ufl.edu/

GRADUATE SCHOOL GRIEVANCE PROCEDURES

The following section is reprinted from the [Graduate Student Handbook](#) (Grievance Procedure for Academic Problems).

The University of Florida is committed to a policy of treating all members of the university community fairly in regard to their personal and professional concerns. A formal grievance procedure exists to ensure that each graduate student is given adequate opportunity to bring complaints and problems of an academic nature, exclusive of grades, to the attention of the University administration with the assurance that each will be given fair treatment.

Individual academic units, departments or colleges may have more detailed grievance procedures. The student should check with his or her program's graduate coordinator for information about individual unit grievance procedures.

A grievance is defined as dissatisfaction occurring when a student thinks that any condition affecting him or her is unjust or inequitable or creates an unnecessary hardship. Areas in which student grievances may arise include scientific misconduct, sexual harassment, discrimination, employment-related concerns, and academic matters. The University has various mechanisms available for handling these problems when they arise. In general it is desirable to settle concerns in an informal fashion rather than initiating a formal grievance. Communication is a key element. As soon as an issue arises, the student should speak with either the supervisory committee chair or the departmental graduate coordinator. If neither of these individuals is available or if they are part of the circumstance of concern, the department chair is the next alternative.

Grievance Procedure

Step 1. Oral discussion between the graduate student and the person(s) alleged to have caused the grievance is strongly encouraged. The discussion should be held as soon as the student first becomes aware of the act or condition that is the basis of the grievance. The student may wish to present his or her grievance in writing to the person(s) alleged to have caused the grievance.

The person alleged to have caused the grievance must respond to the student either orally or in writing.

Step2. If the student considers the response to the discussion and/or written document from Step 1 to be unsatisfactory and feels that the grievance still exists, the grievance should be brought in writing, with all supporting documentation, to the department chair or a designated representative of the department.

The department chair or designated representative of the department must respond to the student's grievance in writing in a timely fashion.

Step 3. If the grievance is still considered to be unresolved, the student may then file the grievance in writing with the dean of the college, who shall investigate the matter and respond to the student in writing within a reasonable timeframe.

Step 4. The right of appeal in writing to the Ombuds for graduate and professional students, as the authorized representative of the President of the University, shall be the final appeal but only

after the above steps 1-3 have been exhausted. The Office of the Ombuds is located in 31 Tigert Hall, 392-1308 and their website is https://ombuds.ufl.edu/.

Other Grievance Resources: Most employment-related grievances are covered by the Collective Bargaining Agreement, Article 22, between the Florida Board of Education of the State University System and Graduate Assistants United. Students with employment-related concerns should contact the GAU office at 392-0274, or Human Resource Services at 352-392-2477.

Allegations of research misconduct should be brought to the attention of the administrative officer (e.g., department chair, dean) to whom the accused party reports. Students may wish to seek advice from the Director of the Division of Sponsored Research, 219 Grinter, 392-1582, before making a formal complaint.

Graduate students who have complaints or problems with other aspects of university life should consult the Dean of Students Office in 202 Peabody Hall, 392-1261 for the appropriate grievance procedure.

APPENDIX A - PROGRAM FACULTY

CHP FACULTY WITH SUBSTANTIAL RESPONSIBILITIES TO THE DOCTORAL PROGRAM

Stephen D. Anton, Ph.D., (Ph.D., 2003, University of Florida). Health Promotion, Obesity, Metabolic Disease, Caloric Restriction, Exercise, Aging (1).

Glenn S. Ashkanazi, Ph.D., (1990, Florida State University). Traumatic Brain Injury/Stroke, Rehabilitation, Psychological Service Delivery, and Managed Care, Substance Abuse, Administration (1,3).

Russell M. Bauer, Ph.D., ABPP, (1979, Pennsylvania State University). Fellow, APA Division 40 (Clinical Neuropsychology). Adult Neuropsychology, Memory Disorders, Dementia and Mild Cognitive Impairment; Epilepsy, Traumatic Brain Injury and Sports Concussion (1,2).

Jeff Boissoneault, Ph.D (2012, University of Florida) Application of behavioral, psychophysiological, and neuroimaging approaches to the study of a) pain and related constructs (e.g., fatigue); b) alcohol and substance use; and c) their interaction. (1,2)

Dawn Bowers, Ph.D., ABPP, (1978, University of Florida). Fellow, APA Division 40 (Clinical Neuropsychology). Adult Neuropsychology, Emotion Neuroscience/ Cognitive Neuroscience, Parkinson disease and emotion regulation; Aging, dementia, and mild cognitive impairment; Cognitive interventions and brain health (1, 2).

Erika M. Cascio, Psy.D., (2014, Wright State University). Pediatric Neuropsychology, Childhood Hematologic/Oncologic Disorders and Neuro-Oncology; Acute Pediatric Neurotrauma/Traumatic Brain Injury; Inpatient Consultation/Liaison Service (Pediatrics); Neurosurgical Procedures/Cortical Mapping (1,3).

Ronald Cohen, Ph.D., (Lousiana State University) ABPP Clinical and Experimental Neuropsychology; Cognitive and clinical neuroscience; Neuropsychology of attention; Attention and memory; Anterior cingulate cortex, Short-duration timing; Reward systems and their influence on attention and other cognitive functions; Neuroimaging; Age-associated cognitive and brain dysfunction, Neurodegenerative disorders (e.g., Alzheimer's disease, vascular dementia, MCI); HIV-associated neurocognitive dysfunction, Cardiovascular-associated brain dysfunction; Biomarker discovery. (1,2)

Duane Dede, Ph.D., (1992, University of Louisville). Neuropsychology, Caregiver Burden, Adult Learning Disabilities, Mild Traumatic Brain Injury (1,3).

Kimberly Driscoll, Ph.D., (2005, Florida State University) Clinical psychology, pediatric psychology, adherence to treatment regimens, type 1 diabetes, psychosocial aspects of type 1 diabetes, clinical trial interventions, implementation of interventions during routine clinical care (1,2).

Patricia Durning, Ph.D., (2001, University of Florida). Health psychology, women's health, general mental health (1,3).

David Fedele, Ph.D., ABPP (2012, Oklahoma State University). Clinical psychology, pediatric psychology, family adjustment to pediatric chronic illness, psychosocial aspects of pediatric chronic illnesses including how health behaviors, adherence to treatment regimens, and the child-caregiver relationship impact adjustment and morbidity (1,2).

Joy Gabrielli, Ph.D., (2015, University of Kansas). Clinical Child Psychology, prevention and intervention for adolescent health risk behavior, media parenting, technological innovations for prevention and intervention with adolescents, adverse childhood experiences (1,2)

Robert T. Guenther, Ph.D., ABPP, (1988, Arizona State University). Director of Continuing Education, Board Certified in Rehabilitation Psychology, ABPP. Medical/health psychology with particular focus on psychological consultation and liaison services for acute care hospital inpatients; bioethics consultation service (3).

Julius Gylys, Ph.D., (1990, Ohio University). Primary care clinical and health psychology; rural behavioral health; smoking cessation; worksite cardiovascular disease prevention; sexual assault prevention; interpersonal psychotherapy (1,3).

Kristin Hamlet, Ph.D., (2015, Univerisyt of Florida). Provides neuropsychological screening services for at-risk older adults preparing for surgery, collaborating with a multidisciplinary team of healthcare providers developing initiatives to improve perioperative and outcomes for older adults (3)

Shelley Heaton, Ph.D., (2001, University of California, San Diego/San Diego State University). Pediatric Neuropsychology, Traumatic Brain Injury, Attention, Memory, ADHD, Assessment and Demographic Factors Affecting Test Performance (1,3).

Allison Holgerson, Ph.D., (2016, Virginia Commonwealth University). Health/Medical psychology, behavioral weight management, pre-weight loss and other medical treatment intervention evaluations, adult mental health and group psychotherapy. (1,3)

David M. Janicke, Ph.D., ABPP (2001, Virginia Polytechnic Institute and State University). Pediatric psychology, health promotion, obesity, pediatric feeding issues, irritable bowel syndrome and recurrent abdominal pain, pediatric primary care and health care utilization (1,2).

Lisa King, Psy.D. (2014, Illinois School of Professional Psychology). Cognitive Behavioral Therapy, Dialectical Behavior-informed Therapy (DBT), Mindfulness, Cognitive Processing Therapy, Prolonged Exposure and Exposure with Response Prevention (3)

Peter J. Lang, Ph.D., (1958, University of Buffalo). Graduate Research Professor. Fellow, Divisions 6, 12, 26, 38, APA. Emotion, Anxiety and Phobia, Brain Mapping, Cognitive Neuroscience (1,2).

Shellie-Anne Levy, Ph.D., (2014, Howard University). Differential dementia diagnosis (e.g., Alzheimer's dementia, Lewy Body dementias, Frontotemporal Dementia, Vascular Dementia, etc.) and mild cognitive impairment. Psychiatric disorders, stroke, movement disorders, post-DBS, traumatic brain injury, and epilepsy. (3)

Michael Marsiske, Ph.D., (1992, Pennsylvania State University). Associate Chair for Research. Older Adults Everyday Problem Solving Abilities, Their Relationship to Basic Cognitive and Intellectual Performance and To Functional Competence, and The Role of Social Partners in Cognitive, Collaboration. The Range of Modifiability (Plasticity) in Adults Intellectual Functioning. Antecedents (Especially Sensory Motor) of individual Differences in Adult Cognitive Intellectual Functioning (1,2).

Jessica Payne-Murphy, Ph.D. (2015, University of Cloroado Denver) Behavioral Sleep Medicine; Chronic Pain; Fibromyalgia; Post-traumatic Stress Disorder; Anxiety; Obsessive Compulsive Disorder; Depression. (3)

Rebecca Pearl, Ph.D. (Yale Univeristy) Health psychology, Stigma, Body image, Obesity, Eating disorders, Health behavior change, Public health and policy (2).

Deidre Pereira, Ph.D., (1999, University of Miami). Psychoneuroimmunology, Psycho-Oncology, HIV/AIDS, Women's Health, Ethnic/Minority Health, Trauma, Effects of Psychosocial Interventions on Health and Quality of Life of Women with Cancer (1,2).

William M. Perlstein, Ph.D., (1995, University of Delaware), Cognitive Neuroscience, Emotion, Anxiety, Traumatic Brain Injury, Psychophysiology, Functional Neuroimaging, Experimental Psychopathology (1,2).

Michael G. Perri, Ph.D., ABPP, (1978, University of Missouri-Columbia). Fellow APA, Divisions 38 and 50; Fellow, Society of Behavioral Medicine. Health Psychology, Behavior Therapy, Obesity, Eating Disorders, Exercise (1,2).

Eric Porges, Ph.D., (2013, Univeristy of Chicago) Neurobiology and Cognitive Neurosciences; Mechanisms of Aging and Healthy Development Across the Life Span; Technology Development and Research Methods; Consequences of Neural Damage, including HIV and Alcohol; GABA Magnetic Resonance Spectroscopy and Cognition; Vagal Nerve Stimulation and Cognition Neurobiology and Cognitive Neurosciences. (1,2)

Catherine Price, Ph.D., ABPP, (2002, Drexel University). Adult neuropsychology, white matter disease in older adults, post-operative cognitive dysfunction, dementia, rehabilitation (1,2).

Michael E. Robinson, Ph.D., (1988, Bowling Green State University). Health/Medical Psychology, Assessment and Management of Pain, Experimental Pain and Psychophysics, Rehabilitation, Psychophysiology (1,2).

Kathryn M. Ross, Ph.D. M.P.H. (2013, University of Florida). Obesity treatment and prevention; Health Behavior Change; Public Health; Clinical Trials Methods (1,2)

Nicola Sambuco, Ph.D. (2017, University of Bologna). Affective Neuroscience, Anxiety, Depression, Post Traumatic Stress Disorder (1,4)

Glenn E. Smith, Ph.D., ABPP (1988, University of Nebraska). Fellow, APA Division 40 (Clinical Neuropsychology). Adult Neuropsychology, Memory Disorders, Dementia and Mild Cognitive Impairment, Prevention (1,2).

Jared Tanner, Ph.D., (2013, University of Florida). Assessing morphometric properties of subcortical gray matter in aging and neurodegenerative diseases, understanding functional brain MRI changes in older adults after major surgery, and improving neuropsychological assessments through the addition of normative neuroimaging. (4)

Lori Waxenberg, Ph.D., ABPP, (1999, University of Kentucky). Health/Medical Psychology, Chronic Pain Assessment and Management, Adult Mental Health and Group Psychotherapy (1,3).

Sarah Westen, Ph.D., (2017, University of Florida). Pediatric psychology; type 1 diabetes; adherence to medical regimens; adjustment and coping; technology use to improve quality of life in medical illness; adolescent, young adult, and family psychotherapy (1, 3).Brenda Wiens, Ph.D., (2003, Southern Illinois University at Carbondale). School-linked mental health services, clinical child and pediatric psychology, rural issues. (1,3).

Brenda Wiens., (2003, Southern Illinois University at Carbondale). Adolescent depression; attention deficit hyperactivity disorder; autism spectrum disorder; generalized anxiety disorder in children; intellectual disability; language disorders in children; obsessive-compulsive disorder; oppositional defiant disorder; separation anxiety in children; social anxiety disorder. (1,3)

John Williamson, Ph.D., (2004, Virginia Polytechnic Institute and State University) Role of central and peripheral autonomic nervous system interactions in modifying or

regulating brain states and behavioral output. Role of cardiac output modification in changing cognitive outcomes and brain health in patients with heart failure. Mechanistic contribution of white matter injuries in key central autonomic inputs from traumatic brain injury and manifestation of symptoms of post traumatic stress disorder.

Adam J. Woods, Ph.D. (2010, George Washington University) Cognitive aging and dementia, non-invasive brain stimulation, multimodal neuroimaging, clinical trials, cognitive neuroscience (1,2)

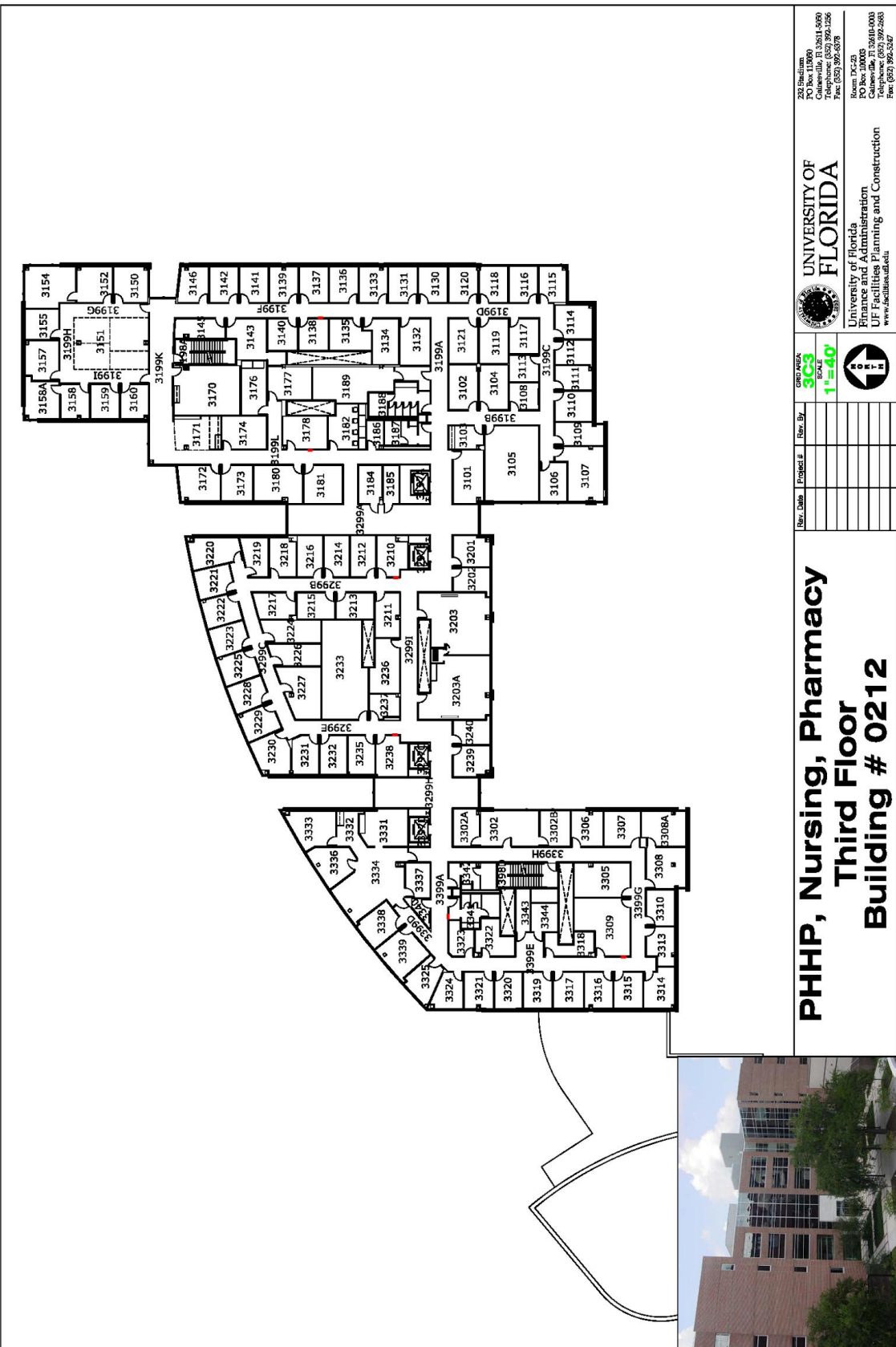| (1) Member of CHP Graduate Faculty; (2) Tenure-Track Faculty; (3) Clinical Track Faculty; (4) Research Track Faculty |
| --- |

APPENDIX B – MAPS OF HPNP BUILDING
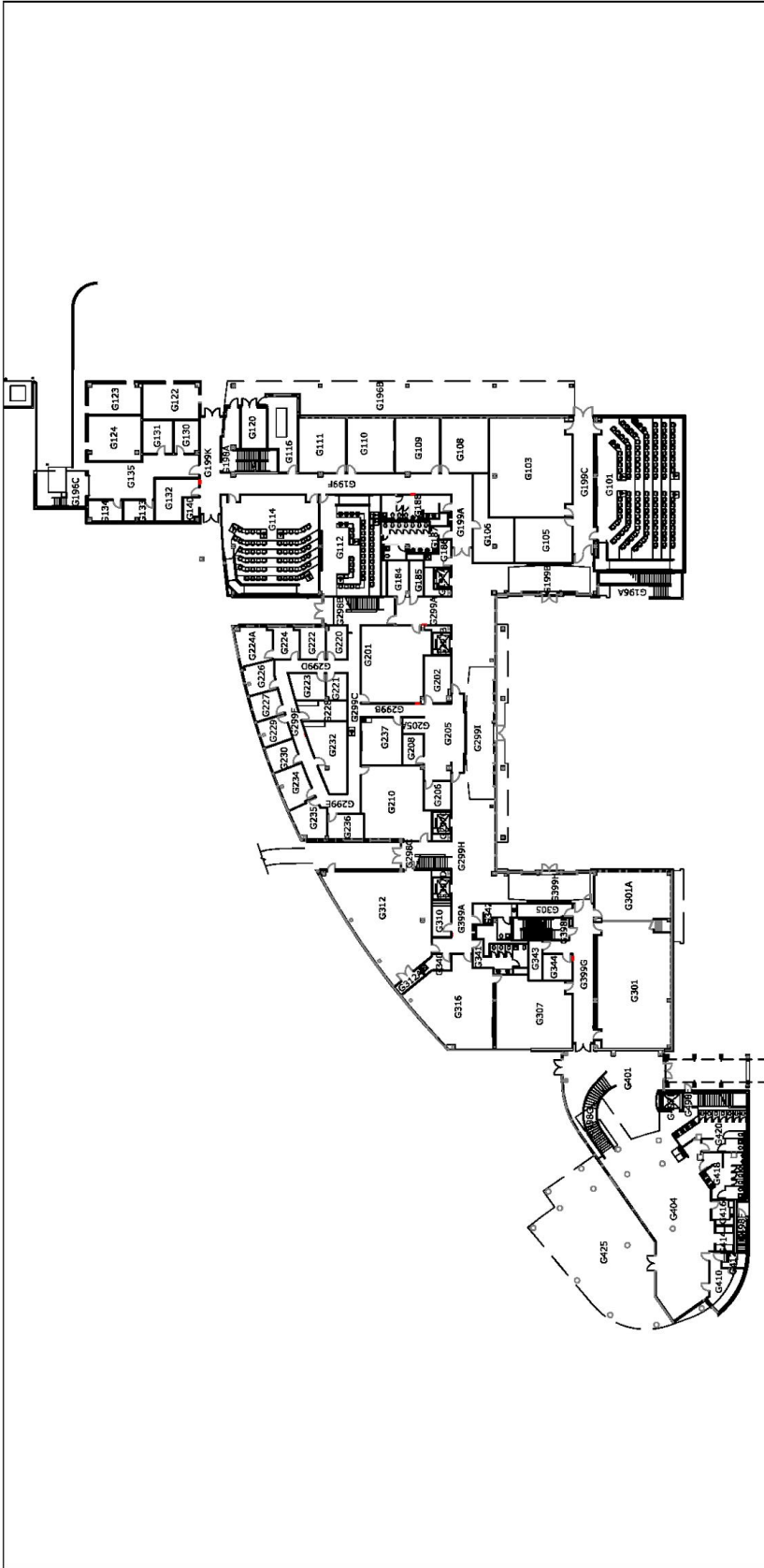
GROUND FLOOR

PHHP, Nursing, Pharmacy
Ground Floor
Building # 0212

GRID AREA: 3C3
SCALE 1"=40'

Rev. Date   Project #   Rev. By

PHHP, Nursing, Pharmacy
Third Floor
Building # 0212

APPENDIX C – AREA OF CONCENTRATION REQUIREMENTS

(1) CLINICAL CHILD/PEDIATRIC PSYCHOLOGY AREA OF CONCENTRATION
Area Head: David Fedele, Ph.D., ABPP

REQUIRED COURSES

CLP 7934 (3 credits) Special Topics: Introduction to Child and Family Treatment

CLP 6948 (6 credits) Advanced Specialty Practicum in Clinical Child/Pediatric Psychology (Must be Supervised by faculty appointed in Clinical and Health Psychology).

A completed Application for Advanced Practicum must be approved by the Area Head and Associate Chair for Research and Graduate Studies prior to registration.

ADDITIONAL COURSES

Six semester hours are to be selected from the courses listed below (three hours of which must be in a treatment related course). Other courses may qualify, but they must be approved by the Area Head.

> CLP 7934 Special Topics: Pediatric Psychology
> CLP 7427 Child Neuropsychology
> CLP 7934 Special Topics: Advanced Child Psychotherapy
> CLP 6910 Supervised Research in Clinical Child Psychology
> DEP 6057 Advanced Developmental Psychology I
> DEP 6058 Advanced Developmental Psychology II
> DEP 6059 Seminar: Special Topics in Developmental Psychology
> DEP 6799 Seminar: Current Research Methods in Developmental Psychology
> DEP 6936 Current Research in Developmental Psychology
> DEP 7684 Theories of Child Developmental Psychology

OTHER REQUIREMENTS

Students will be asked to do one formal clinical case presentation (to be scheduled in the third or fourth year) during the Clinical Child/Pediatric Psychology Research Seminar. This will be tracked by the child/pediatric area head.

MEETINGS

Students electing a clinical child/pediatric psychology concentration are also expected to participate in appropriate weekly meetings. Students are expected to attend the following meeting regularly.

> Friday 10:00 -11:00   Clinical Child/Pediatric Psychology Research Seminar

CLINICAL HEALTH PSYCHOLOGY AREA OF CONCENTRATION
Area Head: Glenn Ashkanazi, Ph.D.

REQUIRED COURSES (15 credits)

Health Psychology Survey Courses (BOTH of the following are required)

CLP 7934   Behavioral Health and Illness (3 credits)
CLP 7317   Advanced Health Psychology and Behavioral Medicine (3 credits)

Special Topic in Health Psychology (REQUIRED)

CLP 7934   Health Promotion (3 credits)

Pathophysiology (ONE of the following or an appropriate alternative approved by Area Head – 3 credits)

PSB 6087/PSB 6088*   Behavioral and Cognitive Neuroscience I/II
NGR 6538   Psychopharmacology for Psychiatric Nursing
PSB 6099   Survey of Physiological and Comparative Psychology

Note: This is a two semester sequence. Each course is 3 credits. Taking the complete sequence is highly recommended.

AREA ELECTIVE COURSES (ONE of the following for 3 credits)

CLP 7428   Neuropsychological Assessment (Adult)
CLP 7934   Pediatric Psychology

Courses outside of CLP may be taken as electives if approved by the Area Head. The following is a partial list of courses that have been approved as electives in the recent past:

DEP 6059   Gerontology
PSY 6930   Psychobiology of Eating and Obesity
PHC 6937   Qualitative Data Analysis

REQUIRED PRACTICA

CLP 6946 Practicum in Applied Medical/Health Psychology (2 credits) and Inpatient Consultation/Liaison (1 credit)

Students shall fulfill 2 credits of practica in applied medical/health psychology. This can be achieved in a number of ways:

● Two distinct ½ day practica (1 credit each for a total of 2 credits)
● One distinct full day practicum (2 credits total)

These practica experiences should have an intensive focus in one specific area of medical/health psychology and will be completed under the supervision of the health psychology faculty members. Students shall also fulfill 1 credit of practicum in Inpatient Consultation/Liaison. The trainee will provide consultation services to medical/surgical teams regarding their patients and when necessary will provide

follow-up supportive services to patients. The two options for completion of this part of the requirement are as follows:

a) Students may acquire a minimum of 25 hours of adult hospital inpatient assessment and/or treatment, acquired across supervisors and across semesters, after completion of core practicum, and outside other for-credit advanced practica.
b) Students may complete a focused advanced practicum during one semester by enrolling for this specific advanced practicum, assuming sufficient patient referral flow and supervisor availability.

<u>Clinical Health Psychology Outpatient Treatment</u>

In addition to CLP 6946, students will obtain continuous experience with health psychology outpatient treatment cases. At least 40 hours of patient contact (beyond core assessment practicum) are required and should be documented in the student's clinical log.

MEETINGS

Students are expected to attend and participate in any Health Psychology Research Meetings that may occur across the course of their matriculation.

RESEARCH

The student's doctoral dissertation should be in an area related to health psychology.

Note: The student is expected to declare their area of concentration in the fall semester of their 3rd year of graduate study.

Revised: 6/2021

(B)   NEUROPSYCHOLOGY, NEUROREHABILITATION AND CLINICAL NEUROSCIENCE AREA OF CONCENTRATION
Area Head: Duane Dede, Ph.D.

REQUIRED COURSES

      CHP Neuroanatomy (CHP 7934) 4 credits
      Adult Neuropsychological Assessment (CLP 7428C) 3 credits
      Classics in Neuropsychology (CLP 7934) 1 credit)
      Supervised Teaching (CLP6940), minimum 1 credit*   This can be achieved via undergraduate and graduate courses, including but not limited to the following:

          <u>Undergraduate</u>
            Introduction to Neuropsychology
            Methods in Cognitive Neuroscience
            Cognitive Neuroscience of Aging
            Introduction to Clinical Psychology
          <u>Graduate</u>
            Adult Neuropsychological Assessment
            Psychological Assessment
            Higher Cortical Function

ELECTIVE COURSES (two of the following for a total of 6 credits)

      Child Neuropsychology
      Clinical and Cognitive Neuroscience Methods & Theory
      Forensic Neuropsychology (CLP 7934)
      Neuropsychology of Aging (CLP 7934)
      Special Topics in Neuropsychology (CLP 7934), e.g., TBI, etc.
      Movement Disorders (PET 5936)
      Other courses on relevant topics as approved by the Area

REQUIRED ADVANCED PRACTICUM in Neuropsychology

      <u>CLP 6945 Practicum in Neuropsychology</u> (3 credits)
      The advanced neuropsychology practicum lasts 1 semester under the supervision of one of the Neuropsychology faculty within the Psychology Clinic. Students are expected to conduct a minimum of 8 to 15 neuropsychological evaluations during this time. Applications for this practicum are due during the spring of each year (typically mid-April) and assignments are made by the Neuropsychology Area. All attempts are made to match the student with their choice of supervisor and rotation.

      If interested, students may do additional *elective **advanced specialty practica*** in Neuropsychology. These are elective and not mandatory. This could involve working with another neuropsychology faculty supervisor during their regular clinic, or could involve a "specialty" practica in neuropsychology from a listing of available options that have been approved by the Neuropsychology Area. Enrollment in any advanced practica must be approved by the supervising neuropsychologist and BOTH the Area Head and   Director of Clinical Training prior to registration.

      <u>Neuropsychology Treatment Cases</u>. Students are expected to carry at least two cases that involve long term supervised experience in application of specific treatment methods (e.g., memory training, family therapy) to a brain impaired patient and/or patient's family.

MEETINGS- Neuropsychology Area Seminars

Neuropsychology students are required to attend and participate in the Neuropsychology Area Seminars.   Currently, these are coordinated by officers (grad students) from the Association of Neuropsychology Students in Training (ANST)*.

Students are expected to participate in other didactic conferences and meetings relevant to the profession of neuropsychology. These include: *Neurology Grand Rounds, Movement Disorders Center Rounds, Neuropathology Rounds*, *Epilepsy Conference, etc.*

*ANST is the student organization affiliated with Division 40 (Society for Clinical Neuropsychology) of the American Psychological Associations.   To learn more about ANST check out this website and consider joining if interested (https://www.div40-anst.com/about-anst.html).   Little known fact: ANST was originally started by students at the University of Florida.

RESEARCH

Students in the Neuropsychology area are encouraged to complete their qualifying exam during their third year and propose their dissertation in their fourth year. All are encouraged to work closely with their mentors and, if appropriate, to submit applications (i.e., NIH National Research Service Awards) for independent research funding.

INFORMATION: Neuropsychology Area Share Drive
   a) The Neuropsychology Area share drive contains relevant information including the following: detailed information about advanced and specialty practica offered by various supervisors,
   b) Information on the Levitt Neuropsychology Research award,
   c) Neuropsychology Seminar schedule,
   d) Schedules for other didactic opportunities, and
   e) Other information relevant to neuropsychology in our program.

Students are encouraged to regularly consult the Neuropsychology Area share drive.

Revised: 6/2021

MEETINGS

Students electing this area of concentration are expected to participate in weekly research meetings at the Centers for Research in Psychophysiology and the Study of Emotion and Attention (CSEA). These meetings are held Friday afternoons and include presentation and discussion of ongoing research at the Center; and didactic lectures on basic and clinical science presented by Faculty, academic visitors, and consultants to the Center.

Revised 4/2015

APPENDIX D – CORE COMPETENCIES FOR CLINICAL TRAINING

Clinical Competencies Expected of All Program Graduates
Department of Clinical and Health Psychology

The following list of core competencies in adult and child assessment and treatment is meant to represent the minimal level of general clinical skills expected to be developed by doctoral students in our program. Specialty training is available in Child/Pediatric Psychology, Child and Adult Neuropsychology, Medical Psychology and Emotion/Neuroscience and Psychopathology and these specialty areas individually define their competency requirements regarding assessment and intervention skills.

Assessment

I. Adult

    A. General Skills
1. Conduct diagnostic interviews including mental status exam.
2. Evaluate critically the psychometric and scientific basis for test selection. Students are expected to know both the advantages and limitations of the psychological measures used for assessment purposes.
3. Select and administer an appropriate assessment battery tailored to presenting problems and referral questions. Students are expected to have experience conducting assessment batteries that have included intellectual and achievement tests, self-report measures, and personality assessment measures.
4. Communicate the results of assessment activities through written reports that integrate findings and offer recommendations based on the results of the assessment.

    B. Specific Assessment Procedures. Students must demonstrate the ability to administer, score, and interpret the following:
1. Intellectual/cognitive measures (e.g., WAIS-R, WMS-R, CVLT)
2. Achievement measures (e.g., Woodcock-Johnson, WIAT-II)
3. Symptom report measures (e.g., BDI, STAI, STAXI)
4. General personality measures (e.g., MMPI-2)
5. Behavioral assessment methods (e.g., direct observation, self- monitoring)

II. Child

    B. General Skills
1. Conduct diagnostic child and parent interviews.
2. Evaluate critically the psychometric and scientific basis for test selection. Students are expected to know both the advantages and limitations of the psychological measures used for assessment purposes.
3. Select and administer an appropriate assessment battery tailored to presenting problems and referral questions. Students are expected to have experience

conducting assessment batteries that have included developmental/intellectual and achievement tests, objective self-report measures (child and parent), and projective measures.

4. Communicate results of assessment activities through written reports that integrate findings and offer recommendations based on the results of the assessment.

B. Specific Assessment Procedures. Students must demonstrate the ability to administer, score, and interpret the following:
1. Intellectual tests (e.g., WISC-V, WPPSI-IV)
2. Achievement tests (e.g., Woodcock-Johnson, WIAT-III)
3. Self-report measures (e.g., BASC, CDI, RCMAS, STAI-C, PSI, ECBI)
4. Parent report measures (e.g., BASC, Conners' Parent Rating Scale)
5. Teacher report measures (e.g., BASC, Conners' Teacher Rating Scale)
6. General personality measures (e.g., MMPI-A)
7. Behavioral assessment methods (e.g., direct observation, self- monitoring)

Intervention

A. Students will have supervised clinical intervention experience across the life span.

B. Students may specialize in a particular age group or therapeutic approach once demonstrating satisfactory performance in the following areas of intervention:

1. Child Therapy (within the age groups of toddlers to adolescents): The student must have demonstrated satisfactory performance in conducting both individual (parent-oriented, child-oriented or both) and family therapy.

2. Adult Therapy (within the age group of 18 and above): The student must have demonstrated satisfactory performance in conducting individual therapy. Exposure to couples therapy and group therapy is highly recommended.

3. Students will be required to have achieved a satisfactory evaluation of supervised clinical experiences in both short-term (e.g., 10 visits or less) and long-term (e.g., 11 visits or more) therapy across a minimum of two theoretical orientations (e.g., behavioral, cognitive-behavioral, systems, interpersonal, psychodynamic). Because the major theoretical orientations take a life span approach to the conceptualization of behavior, competency in clinical application of two theoretical orientations may be demonstrated through experiences gained in either adult or child therapy.

4. Students must demonstrate knowledge of biological influences on behavior and be familiar with the actions and side-effects of common psychotropic medications used with patients in mental health settings.

Consultation

Students will demonstrate satisfactory performance in the role of a psychological consultant to professionals in other disciplines. Satisfactory performance as a consultant includes the oral and written communication of proposals or recommendations in response to a request by another

professional or agency. Consultation includes such activities as presenting psychological information to multidisciplinary teams in a medical center setting, making recommendations to educational specialists in public or private school systems, and development or evaluation of programs for community agencies.

Populations

A. The student will have assessment and intervention experiences across the life span and these experiences should be reflective of a range of human diversity, such as sexual, cultural, ethnic, and racial diversity, and disability awareness.

B. The student will have assessment and intervention experiences with both male and female patients.

C. The student will have supervised experiences with a broad variety of outpatients and inpatients representing a spectrum of psychopathology including as a minimum: schizophrenia, mood disorders, personality disorders, developmental disorders, and behavior disorders.

Evaluation of Progress

A. Each rotation the faculty will review each student's progress toward meeting the basic clinical competencies. The faculty will consider the student's End of Rotation Review forms completed by each clinical supervisor for that rotation, the student's clinical logs, and any special circumstances presented by the individual student. Satisfactory clinical progress for the semester will be determined by the consensus of the faculty. If unsatisfactory progress is discovered, the student may be asked to remediate problems, may be placed on probation, or may be terminated from the program.

B. Once each year, the Clinical Progress Committee will review each student's clinical progress across the entire time the student has been enrolled in the program. Special consideration will be given to monitoring the student's successful completion of the basic clinical competencies described above. This committee will then make recommendations to the faculty and the   Director of Clinical Training regarding the clinical strengths and weaknesses of the student during the student's yearly evaluation by the faculty. Satisfactory clinical progress will be determined by the consensus of the faculty. If unsatisfactory progress is discovered, the student may be asked to remediate problems, may be placed on probation, or may be terminated from the program.

APPENDIX E – ADVANCED PRACTICUM OPPORTUNITIES

For an up to date listing, please see our intranet at
https://internal.phhp.ufl.edu/chp/advanced_prac_list_2018.html

APPENDIX F - HEALTH REQUIREMENTS POLICY

COLLEGE OF HEALTH PROFESSIONS
DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY
HEALTH REQUIREMENTS

* IMMUNIZATIONS: In addition to University immunization requirements, all students who have patient contact must provide proof of immunity to the chicken pox virus. Students must present medical documentation of immunization or positive titer to the Student Health Care Center (SHCC). The student may obtain such documentation after obtaining vaccination or titer at the Student Health Care Center. The Titer test needs to be completed before the first day of the term of admission. The Student Health Care Center offers the Titer test Monday and Tuesday, 8:00 a.m. to 11:30 a.m., Wednesday 9:00 a.m. to 11:30 a.m. and Monday through Wednesday, 1:00 p.m. to 4:00 p.m. In addition, students needing to complete their Hepatitis B series can do so at the SHCC, if desired. The Student Health Care Center (392-1161) currently offers the Hepatitis B vaccinations on Monday and Tuesday, 8:00 a.m. to 11:30 a.m., Wednesday 9:00 a.m. to 11:30 a.m. and Monday through Wednesday, 1:00 p.m. to 4:00 p.m. Please keep in mind that Hepatitis B vaccinations take approximately six months to complete. Therefore, it is important to begin the series right away if it has not already been completed. Bring documentation of all vaccinations/titers to the Academic Coordinator. This information will be maintained in the student file. COVID-19 vaccinations and boosters (as approved) are available without cost through One.UF, and are strongly encouraged. Annually, the Senior Vice President for Health Affairs requires all employees to obtain the annual flu shot (without charge); persons who opt out of the flu shot are required to wear a mask at all times.

* TUBERCULOSIS TEST: Health Science students are required to be tested annually for Tuberculosis (or to provide documentation from a physician that this test is contraindicated). This TB test needs to be completed by the end of the first week of fall semester classes. The Student Health Care Center offers the TB test Monday and Tuesday, 8:00 a.m. to 11:30 a.m., Wednesday 9:00 a.m. to 11:30 a.m. and Monday through Wednesday, 1:00 p.m. to 4:00 p.m. The current cost is $16. Bring documentation of all vaccinations/titers to the Academic Coordinator. This information will be maintained in the student file.

* BLOODBORNE PATHOGEN (BBP) TRAINING: BBP Training, required each fall, can be completed online at http://mytraining.hr.ufl.edu. You will not be allowed to register for the next term without completion of this training. This training is required of all Health Science Center students.

IMPORTANT: Reminders will be sent to students at the time that testing and training needs to be updated. Students who fail to meet health requirements by updating their testing or training data will be suspended from clinical activity (no exceptions) until the requirements are met. This may

result in disciplinary action (this is a professional responsibility) or have adverse consequences on clinical performance evaluations.

APPENDIX G - CLASSROOM TEACHING PLAN (2021 – 2025)

Visit the website to see the most recent version.
https://chp.phhp.ufl.edu/current-students/course-schedules/

Department of Clinical & Health Psychology
Effective August, 2021

		Fall	Spring	Summer
		2021	**2022**	**2022**
2021-2022		CLP 7934 Intro to CLP: Professional Issues and Ethics (Driscoll) CLP 6527 Research Design, Measurement, Statistics I (Marsiske) CLP 6476 Lifespan Psychopathology (Dede/Wiens) CLP 7934 Cognitive and Affective Bases of Behavior (Perlstein) DEP 6099 Survey of Developmental Psychology (Psych faculty) CLP 6529 Applied Multivariate Methods (Marsiske) CLP 7934 Advanced Psychotherapy (King/Guenther) CLP 7934 Neuropsychology of Aging (Marsiske) CLP 7934 Classics in Neuropsychology (Bowers) CLP 7934 Behavioral Health & Illness (Boissoneault) CLP 7934 Pediatric Psychology (Driscoll) CLP 4134 Intro to Clinical Child/Peds Psych (Gabrielli) CLP 4302 Intro to Clin Psych (2 sections - Westen & Perlstein)	CLP 6430 Lifespan Assessment (Durning/Cascio) CLP 6528 Research Design, Measurement, Statistics II (Marsiske) CLP 6307 Higher Cortical Function (Bowers) PSY 6608 History of Psychology (Ashton) SOP 6099 Survey of Social Psychology (Webster) CLP 7525 Best Methods for Analysis of Change (Marsiske) CLP 7934 Neuropsychology of Aging (Marsiske) CLP 7317 Advanced Health Psychology and Behavioral Medicine (Ashkanazi) CLP 7934 Neuroimaging Applications & Analyses (Tanner) CLP 7934 Special Topics: NP Case Analysis & Integration (Price – tentative) CLP 4314 Intro to Clinical Health Psych (Pereira) CLP 4420 Intro to Clinical Neuro Psych (Bauer) HSC 4969 BHS Honors Program Seminar (Rawlinson) PSB 4934 Topics in Psychology: Methods in Cognitive Neuroscience (Porges)	CLP 6943 Core Practicum in Clinical Psychology (Driscoll) CLP 6407 Psychological Intervention/Treatment I (Dede, Guenther, Waxenberg) CLP 7934 TBI Lifespan (Heaton) CLP 7934 Neuropsychology of Aging (Marsiske) CLP 4134 Intro to Clinical Child/Peds Psych (Gabrielli-online)

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	Fall	Spring	Summer
	2022	**2023**	**2023**
2022-2023	CLP 7934 Intro to CLP: Professional Issues and Ethics (Driscoll) CLP 6527 Research Design, Measurement, Statistics I (Marsiske) CLP 6476 Lifespan Psychopathology (Dede/Wiens) CLP 7934 Cognitive and Affective Bases of Behavior (Perlstein) CLP 6529 Applied Multivariate Methods (Marsiske) CLP 7934 Neuropsychology of Aging (Marsiske) CLP 7934 Classics in Neuropsychology (Bowers) CLP 7934 Advanced Psychotherapy (King/Guenther) CLP 7934 Behavioral Health & Illness (Boissoneault) CLP 7934 Introduction to Child and Family Treatment (Fedele) PSB 6115 Clinical & Cognitive Neuro: Methods & Theory (Woods) CLP 4134 Intro to Clinical Child/Peds Psych (Gabrielli) CLP 4302 Intro to Clin Psych (2 sections - Westen & Perlstein)	CLP 6430 Lifespan Assessment (Durning/Cascio) CLP 6528 Research Design, Measurement, Statistics II (Marsiske) PSY 6608 History of Psychology (Ashton) SOP 6099 Survey of Social Psychology (Webster) CLP 7428 Adult Neuropsychological Assessment (Cascio/Smith) CLP 7525 Best Methods for Analysis of Change (Marsiske) CLP 7934 Neuropsychology of Aging (Marsiske) CLP 7934 Health Promotion (Anton) CLP 7934 Neuroimaging Applications & Analyses (Tanner) CLP 4314 Intro to Clinical Health Psych (Pereira) CLP 4420 Intro to Clinical Neuro Psych (Bauer) HSC 4969 BHS Honors Program Seminar (Rawlinson) PSB 4934 Topics in Psychology: Methods in Cognitive Neuroscience (Porges)	CLP 6943 Core Practicum in Clinical Psychology (Driscoll) CLP 6407 Psychological Intervention/Treatment I (Dede, Guenther, Waxenberg) CLP 7427 Pediatric Neuropsy (Heaton) CLP 7934 Neuropsychology of Aging (Marsiske) CLP 7934 Forensic Neuropsychology (Bauer) CLP 7934 Advanced Child Psychotherapy (Fedele) CLP 4134 Intro to Clinical Child/Peds Psych (Gabrielli-online)
	Fall	**Spring**	**Summer**
	2023	**2024**	**2024**
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	Fall	Spring	Summer
		PSB 4934 Topics in Psychology: Methods in Cognitive Neuroscience (Porges)	
	2024	**2025**	**2025**
2024-2025	CLP 7934 Intro to CLP: Professional Issues and Ethics (Driscoll) CLP 6527 Research Design, Measurement, Statistics I (Marsiske) CLP 6476 Lifespan Psychopathology (Dede/Wiens) CLP 7934 Cognitive and Affective Bases of Behavior (Perlstein) CLP 6529 Applied Multivariate Methods (Marsiske) CLP 7934 Neuropsychology of Aging (Marsiske) CLP 7934 Classics in Neuropsychology (Bowers) CLP 7934 Advanced Psychotherapy (King/Guenther) CLP 7934 Behavioral Health & Illness (Boissoneault) CLP 7934 Introduction to Child and Family Treatment (Fedele) PSB 6115 Clinical & Cognitive Neuro: Methods & Theory (Woods) CLP 4134 Intro to Clinical Child/Peds Psych (Gabrielli) CLP 4302 Intro to Clin Psych (2 sections - Westen & Perlstein)	CLP 6430 Lifespan Assessment (Durning/Cascio) CLP 6528 Research Design, Measurement, Statistics II (Marsiske) PSY 6608 History of Psychology (Ashton) SOP 6099 Survey of Social Psychology (Webster) CLP 7428 Adult Neuropsychological Assessment (Cascio/Smith) CLP 7525 Best Methods for Analysis of Change (Marsiske) CLP 7934 Neuropsychology of Aging (Marsiske) CLP 7934 Health Promotion (Anton) CLP 7934 Neuroimaging Applications & Analyses (Tanner) CLP 4314 Intro to Clinical Health Psych (Pereira) CLP 4420 Intro to Clinical Neuro Psych (Bauer) HSC 4969 BHS Honors Program Seminar (Rawlinson) PSB 4934 Topics in Psychology: Methods in Cognitive Neuroscience (Porges)	CLP 6943 Core Practicum in Clinical Psychology (Driscoll) CLP 6407 Psychological Intervention/Treatment I (Dede, Guenther, Waxenberg) CLP 7427 Pediatric Neuropsy (Heaton) CLP 7934 Neuropsychology of Aging (Marsiske) CLP 7934 Forensic Neuropsychology (Bauer) CLP 7934 Advanced Child Psychotherapy (Fedele) CLP 4134 Intro to Clinical Child/Peds Psych (Gabrielli-online)

*First year students register for CLP 6943 for Summer C. Summer A is spent in "Pre-Practicum" preparation. Actual practicum placements start Summer B.
The following courses are available every semester:
PHC 6937 Introduction to Public Health
PHC 6001 Principles of Epidemiology (online)

CLP 6943 Practicum in Clinical Psychology (Core Prac)
CLP 6947 Practicum in Intervention
CLP 6945 Practicum in Neuropsychology (neuro faculty)
CLP 6946 Practicum in Applied Medical/Health Psychology
CLP 6948 Practicum in Clinical Child Psychology
CLP 7949 Internship

CLP 7934 Clinical Child/Pediatric Psychology Research Seminar
CLP 6971 Masters Research
CLP 7979 Advanced Research (after M.S., before quals completion)
CLP 7980 Doctoral Research
CLP 6905 Individual Work
CLP 6910 Supervised Research
CLP 6940 Supervised Teaching

APPENDIX H - DEPARTMENT COMPUTER LITERACY POLICY

Consistent with University of Florida policy, students are required to have access to a desktop personal computer to support their academic work within the department. The computer should have an office suite, a web browser, and a statistical analysis package, and should be capable of accessing the internet. The full College policy, along with sample hardware/software configurations, is located on the Web at http://it.phhp.ufl.edu

AT A MINIMUM, STUDENTS IN THE CLINICAL PSYCHOLOGY DOCTORAL PROGRAM ARE EXPECTED TO HAVE THE FOLLOWING COMPUTER-RELATED SKILLS AND KNOWLEDGE:

1) Basic knowledge of hardware, software, and firmware aspects of desktop personal computers. This includes:

   a) Windows operating system (important even for Mac users because of the Terminal Server Environment)

   b) Skills in troubleshooting simple computer problems

   c) Understanding storage and media options, including data encryption of   protected health information.

2) Knowledge and understanding of the use of the following software applications in their latest supported versions. Preferred programs, in wide use within the department, are given in parentheses, though the student can meet the computer literacy requirement through the use of other programs:

   a) WYSWYG Word Processing (Microsoft Word)

   b) Database/spreadsheet applications (Microsoft Access/Excel)

   c) Statistical analysis (R, RStudio, JAMOVI, JASP) and other programs required by CLP 6527/6528/6529/7525.

   d) Graphics/presentation software (Microsoft PowerPoint)

3) Knowledge and understanding of web browsers (Microsoft Internet Explorer, Firefox)

4) Working knowledge of secure methods of remote access (see apps.ufl.edu)

   a) VPN (currently, Cisco AnyConnect)

   b) Terminal Services (Remote Desktop for Windows/Mac)

   c) Citrix Receiver (for accessing medical records; available at apps.ufl.edu)

4) Knowledge/understanding of e-mail (Microsoft Outlook or other UF-IT approved mail clients)

5) Knowledge/understanding of bibliographic and Internet search engines. Skill in using the UF Health Science Center Library Digital Resources is required. Knowledge of bibliographic database software (Endnote, Reference Manager, Mendeley, Zotero) is highly recommended but not required.

Students are also expected to maintain knowledge and understanding of the interface between electronic communication and relevant privacy laws (HIPAA, FERPA). It is assumed that maintaining current knowledge of computer applications relevant to psychology is an ongoing and evolving task, and that the student's research or clinical assignments may require mastery of additional software or hardware. Several topics related to use and application of computers in psychology are covered within the core and advanced curriculum. Students are referred to campus support services at the College and University level when they require additional training or consultation. Students are also encouraged to seek self-directed enhancement of their computer skills through community- or university-based coursework or online instruction.

APPENDIX I - AREA ELECTIVE COURSE REQUIREMENTS

COURSES USED FOR MEETING PROGRAM REQUIREMENTS BY AREA

Course Title	Neuro Area Elective?	Child Area Elective?	Health Area Elective?	Intervention for Neuro Student	Intervention for Child Student	Intervention for Health Student
Behavioral Health and Illness	N	N	REQ	N	N	N
Adv Health Psy and Beh Med	N	N	REQ	N	N	N
Health Promotion	N	N	REQ	N	N	N
Pediatric Psychology	N	Y	Y	N	N	N
Intro Child & Fam Treatment	N	REQ	N	Y	Y	Y
Asst/Diag Autism Spectrum D/O	N	Y	N	N	N	N
Pediatric Neuropsychology	Y	Y	N*	N	N	N
Lifespan TBI	Y	N	N	N	N	N
Adult Neuropsych Assmt	REQ	N	Y	N	N	N
NP Case Analysis/Integration	Y	N	N	N	N	N
Neuropsychology of Aging	Y	N	N	N	N	N
Forensic Neuropsychology	Y	N	N	N	N	N
Multicult Counslng (MHS 6428)	N	N	N	N	N	N
Geriatric & Age-Related Diseases						
Advanced Psychotherapy	N	N	N	Y	Y	Y
Supervised Teaching	N	N	N	N	N	N
Advanced Child Psychotherapy	N	Y	N	N	Y	N
Foundations of Qualitative Health Research						
Family & Comm Hlth Across Life						

Revised Aug 2019

APPENDIX J - Qualifying Examination Policy and Procedures
Department of Clinical & Health Psychology
Effective March 2016

Overview

To achieve doctoral candidacy status in the Graduate School, the student must satisfy the qualifying examination requirement as described in the Graduate Catalog. The student must schedule the Qualifying Examination in conjunction with their supervisory committee and must work with the Academic Coordinator to schedule a room and to obtain the necessary Graduate School and Departmental forms that must be signed and submitted once the examination is concluded. This examination is usually taken during the third year of graduate study, and covers the major (Clinical Psychology) and minor (Area of Study) subjects. The Graduate School relies on individual programs to establish their own policies and procedures for administering the Qualifying Examination. Departmental policies and procedures for the Qualifying Examination in Clinical Psychology are described below.

The Qualifying Examination is one of the bases upon which decisions are made regarding admission to candidacy for the doctorate degree at the University of Florida. According to Graduate School regulations, the Qualifying Examination (a) must contain both a written and an oral portion, and (b) must cover the major and minor areas of study. The Department of Clinical and Health Psychology administers the Qualifying Examination in accordance with these regulations and utilizes the examination in two ways. First, the examination is used to evaluate the student's mastery of content areas that form the scientific and applied foundations of professional psychology. Second, the examination provides an opportunity for students to demonstrate competence in those special areas of expertise they individually identify as important to their development as professional psychologists. Toward this end, the Qualifying Examination fosters the student's integration of information from didactic coursework, practical experience, and personal research on advanced topics of contemporary importance to clinical and health psychology.

Options for Completing the Qualifying Examination

The Qualifying Examination is conducted by the doctoral supervisory committee and is tailored to mastery of content in which the student wishes to gain special expertise. The student, in consultation with their committee and with the approval of the faculty, may satisfy the qualifying examination requirement by successfully completing one of the three options below. The work submitted in fulfillment of the Qualifying Examination requirement must be *new work initiated after the attainment of the M.S. degree. S*tudents cannot, for example, submit a previously-prepared grant proposal or review paper for QE purposes.

    1. Grant Proposal. The student may submit to the supervisory committee a sole-authored final draft of a National Research Service Award (NRSA) proposal. The scope and topic of the planned proposal should be approved beforehand by the supervisory committee. All components of the NRSA proposal should be submitted following the current standard SF424 (R&R) Individual Fellowship Application Guide. Per the NRSA program announcement, the student "must describe a well-defined research project (typically hypothesis-driven) that is well-suited to their stage of career development. The applicant should describe the background leading to the proposed research, the significance of the research, the research approach (design and methods) for achieving the Specific Aims, the rationale for the proposed approach, potential pitfalls, and expected/alternative outcomes of the proposed studies. It is beneficial to

include pertinent preliminary data to demonstrate feasibility." The process of completing this option involves two steps: a "planning phase" and a "writing phase". During the "planning phase", the student consults with the mentor and committee to plan the proposal, establish specific aims, and to perform other academic preparations that are needed to complete the relevant sections of the SF424. The "planning phase" culminates with the submission to the Program Office of the following: (1) a 1-page specific aims adhering to SF424 format and guidance, which includes at a minimum rationale/background, specific aims and hypotheses and (2) on a second page, an additional one to two paragraphs briefly describing the methods planned to address the aims. The program office and/or DCT will then present the Aims page and methods paragraph(s) to the faculty for approval. Once faculty approval has been granted, the "writing phase" begins, after which the student is expected to work independently in producing the proposal. The 'writing phase" ends when the student submits the completed proposal to the mentor. The mentor distributes the proposal to the committee, who evaluates the written document. If the written document is "passed" by the committee, the student proceeds with the oral examination (see Procedures, below) After the evaluation of the proposal is completed, the student is strongly encouraged to work with the mentor, committee and laboratory team (as appropriate) to actually submit the proposal for funding. The student who selects this option may thus want to consider submission at a time that allows revisions and improvements to be made prior to grant submission deadlines. The student must pass the written and oral examination to be admitted to candidacy

2. Review Paper. The student may submit an independent review of the literature underlying the student's planned dissertation project or some other area of content relevant to the student's scholarly development. The literature review should provide a comprehensive overview of a defined area of research. When finished, it should represent a stand-alone product, similar in form to a *Psychological Bulletin* or *Psychological Review* article, or a systematic review from the *Cochrane Collaboration* or similar venue. The process of completing this option involves two steps: a "planning phase" and a "writing phase." During the "planning phase", the student consults with the mentor and committee as needed to plan the review, establish the content and method by which the review is to be conducted, and to perform other academic preparations that are needed to complete the review successfully (e.g., assembling relevant references, evaluating the state of the literature, etc.). The planning phase may include as appropriate, the application of the search algorithm for generating a population of articles for review (in the case of a meta-analysis), or the generation of a topical outline that guides the review. The "planning phase" culminates with the submission to the Program Office of a 1-page synopsis of the planned review, which includes a statement of the purpose and goals of the review, the target problem or literature area the review addresses, and the planned completion date. The faculty mentor will then present the 1-page statement to the faculty for faculty approval. Once faculty approval has been granted, the "writing phase" begins, after which the student is expected to work independently in producing the review manuscript. While in the writing phase, qualifying exam writers may train a second rater (to meet the requirements of PROSPERO guidelines and other guidelines for publishable reviews). During the writing phase, the qualifying exam writer and second rater are permitted to confer on coding questions and to resolve discrepancies, but they should not collaborate beyond this. The systematic review document that is submitted as a qualifying examination product must still have been written independently, The 'writing phase" ends when the student submits the completed review to the mentor. The mentor distributes the review to the committee, who evaluates the written document. If the written document is "passed" by the committee, the student proceeds with the oral examination (see Procedures, below). Although the page length of this product would likely vary somewhat with its specific focus, a reasonable length would be approximately 35-50 double spaced pages (excluding references, tables, and figures). After the review is completed

the student distributes it to the committee members, and an oral examination takes place within a period of time specified below (Procedures). The student must pass the written and oral examination to be admitted to candidacy.

(Section 2 revised 10/14/2021)

3. Written Answers to Committee-Provided Questions. The student may elect to complete the examination by choosing three substantive content areas, covering the major and minor areas of study, selecting and obtaining approval for reading lists in each of these areas, and completion of written answers to 6 questions (2 per area) to take place on a single day mutually agreed upon by the student and the committee. Specific questions developed by the student's committee will not be specified beforehand. "Major" is defined as "clinical psychology" and "minor" is defined as neuropsychology, medical/health psychology, clinical child/pediatric psychology, or another declared area of concentration. At least one area should focus on topics within the field of "clinical psychology" and should provide the student with breadth of content beyond the minor area. *This area should cover a general topic area that is not exclusively related to the same treatment modality or health condition as the specific topic areas. The specific topics related to the "minor should relate to the student's area of concentration and dissertation research topic.* The process of completing this option involves two steps: a "planning phase" and a "writing phase." During the "planning phase," the student consults with the mentor and committee as needed to select the three substantive content areas for the examination, and to develop reading lists or other study materials that, when mastered, will provide the student the needed knowledge base to complete the written examination. Once the areas and reading lists have been determined, the student submits (a) a 1-paragraph summary description of each area, and (b) the three reading lists to the Program Office for faculty approval. At the next faculty meeting, the mentor will then present the plan to the faculty for approval. Once faculty approval has been granted, the student continues in the "planning" phase and may consult as needed with the faculty mentor and committee as they continue to read and prepare for the "writing phase." The student works with the committee and the Program Office to select a date for the written examination. The "writing phase" is 8.5 hours long. It may begin at 8:00am or 8:30am on the scheduled day and ends at 4:30pm or 5:00pm. After the written examination is completed the student distributes their answers to the committee members, and an oral examination takes place within a reasonable period of time. The student must pass the written and oral examination to be admitted to candidacy

General Departmental Procedures

1. The Qualifying Examination is administered by the doctoral supervisory committee, the composition of which is subject to Graduate School and Department regulations. The membership of the committee will be selected based on their expertise in the student's proposed areas of study and on their willingness to serve together as a mentoring committee. Committees are appointed according to standard Department and Graduate School procedures.

2. Graduate School rules specify that a student must be registered when the Qualifying Examination is administered, that the examination may be taken during or after the second semester of the second year of graduate study, and that between the Qualifying Examination and the date of the degree, there must be a minimum of two semesters if the candidate is in full-time residence and one calendar year if the candidate is in a less than full-time status. In our program, the typical time for the Qualifying Examination is the fall or spring semester of the third year. The Qualifying Exam should not be scheduled prior to the student's 2nd year annual review.

3. The student designates a supervisory committee that works together to determine which of the three options below will be used to fulfill the Qualifying Examination requirement. Once determined, the student and committee begins the "planning phase" for the selected option. At the appropriate time, the student completes the Qualifying Examination Approval Form, and obtains signatures from all committee members. This form, together with the 1-page synopsis (for Options 1 and 2) or the topic descriptions and reading list (for Option 3) is submitted to the Program Office (3158 HPNP) for discussion and approval at the next faculty meeting.

4. The student's plan for the Qualifying Examination must be approved by the Faculty by majority vote before moving forward.

      a) Qualifying Examination Proposals consist of your Doctoral Committee Recommendation and the one-page synopsis/topic description and reading list described above. These should be combined into a *single document.*

      b) These must be uploaded to the doctoral portal

      c) At each faculty meeting (typically the 2nd and 4th Wednesday of each month), proposals will be reviewed, a voting link will be shared, and eligible faculty will vote (approve, disapprove, abstain) and share comments about the proposal

      d) *To be considered at a faculty meeting, proposals submitted no later than the Friday that occurs twelve days before a faculty meeting* will be distributed. If you miss a Friday deadline, you may still submit your proposal, and it will be considered at the *next* faculty meeting.

<div align="right">(section 4 revised 10/14/2021)</div>

5. Although the written product produced in Options 1 and 2 will likely be somewhat focused on the student's Major Area of Study, the Oral examination should additionally cover content relevant to the broader field of Clinical Psychology, as required by Graduate School policy. For Option 3, one of the substantive areas will cover Clinical Psychology and two will normally cover the student's area of study.

Specific procedures for each option are described below.

A. Grant Proposal Option

1. Students should follow the current National Research Service Award (NRSA) format using the standard SF424 (R&R) Individual Fellowship Application Guide. All current page number limits and other formatting requirements outlined in the SF424 Guide should be followed. Arial 11 font should be used. **The final proposal submitted by the student should contain the completed SF424 (R&R) application package with the following attachments: Abstract, Project Summary, Narrative, Specific Aims, Research Strategy, Human Subjects and Clinical Trials Information, Inclusion of Women and Minorities, Inclusion of Individuals Across the Lifespan, Responsible Conduct of Research, Applicant's Background and Goals for Fellowship Training, Biosketch (student only), and Bibliography and References Cited.** *The Facilities and Other Resources section is NOT required. In addition, Mentor-initiated components (letter of recommendation, mentor biosketch, etc.) are also NOT required.* In the event that the current version of the SF424 requires submission of sections different than those listed above, contact the DCT for guidance on sections required. Mentor-initiated components (letter of recommendation, mentor biosketch, etc.) are not required.

2. When the student submits materials for general faculty review and approval, a planned submission date is required.   On or before that date, the student distributes the completed proposal package (in .pdf form) to all committee members and a copy to the Program Office.

3. The written proposal is graded by each member of the committee who then informs the committee chair of their grades and comments. Each committee member assigns the proposal a "pass-marginal-fail" grade and a priority score (1-9).   The committee chair then organizes this information and provides the student with preliminary results **at least three calendar days before the oral examination** is scheduled to take place. Preliminary results are communicated to the student via the department's Written Qualifying Examination Feedback Form, selecting the appropriate option.

4. Students who receive a majority of "Pass" scores by committee members may proceed to the Oral Examination. The oral examination is conducted by the members of the supervisory committee and can be scheduled between **10-14** calendar days after the written proposal is submitted. Attendance at the Oral Examination is governed by Graduate School policy.

B. Review Paper Option

1. The precise structure of the review paper submitted to fulfill qualifying examination requirements will depend somewhat on the nature of the subject matter, the methods used in the review, and other relevant factors as determined by the student and the Supervisory Committee. Both summative reviews (e.g., in the form of a *Psychological Bulletin or Psychological Review* article) and systematic reviews (in the form generally seen in the *Cochrane Collaboration)* are acceptable formats.   The internal format of the review is decided upon by the student in consultation with the supervisory committee, and its length should be determined by general manuscript guidelines established for the particular format the student is using. Length should be sufficient to permit comprehensive, authoritative coverage of the chosen subject matter; a reasonable target length would be 35-50 double-spaced pages with 1-inch margins in Arial 11 point font.   The final document submitted by the student should be in APA format or, if a target journal outside APA is chosen, in the format preferred by that journal. References are required; tables, figures, and other appropriate components should be determined by the student in collaboration with the supervisory committee. References and other components are not included in page-length estimates.

2. When the student submits materials for faculty review and approval, a planned submission (completion) date is required. On or before that date, the student will distribute the completed review (in .docx or .pdf form) to all committee members with a copy sent to the Program Office.

4. The written review is graded by each member of the committee who then informs the committee chair of their grades and comments. Each committee member assigns the manuscript a "pass-marginal-fail" grade.   The committee chair then organizes this information and provides the student with preliminary results **at least three calendar days before the oral examination** is scheduled to take place. Preliminary results are communicated to the student via the department's Written Qualifying Examination Feedback Form, selecting the appropriate option.

5. Students who receive a majority of "Pass" scores by committee members may proceed to the Oral Examination. The oral examination is conducted by the members of the supervisory committee and can be scheduled between **10-14** calendar days after the written examination is taken. Attendance at the Oral Examination is governed by Graduate School policy.

C. Written Answers to Committee-Provided Questions

The third option allows the student to select three areas of study and to answer two integrative questions per area on a single, pre-scheduled day. At least one of the areas must address the major area (Clinical Psychology) while the other two areas may address the student's designated research focus area.

1. The supervisory committee, together with the student, defines the scope of each area. The student, in consultation with the committee members, generates a reading list for each area that will guide the student's preparation for the examination. The reading list must be approved by each committee member, though signatures are not required. After approval of the reading list, the student prepares for the written portion of the qualifying examination. The methods used by the student to prepare for the qualifying examination are individually determined, subject to the guidance and approval of the chair and the student's committee. The use of practice questions, mock orals, or other methods of preparation may be used at the discretion of the student's chair and committee. The student should discuss the use of such methods with the chair at the time the qualifying examination topics are approved by the faculty.

2. The reading list is developed by the student and the committee chair, supplemented by other committee members. A precise length cannot be mandated. The student is strongly advised to consult with all committee members in developing their topics and reading lists, and in preparing for the written and oral portions of the examination. The examination questions are not limited to only that information that is written in the reading list material, although there is expected to be a reasonable relationship between the content of the reading list and the content of the examination questions. The reading list represents a take-off point, or a guide, for the student's reading. It is anticipated that the student will read additional, related material.

3. The written examination under Option 3 will be prepared by the student's committee. The chair will be responsible for overseeing its preparation, including soliciting questions and input from all committee members. The chair will disseminate the final examination questions to all committee members **no later than three days** prior to the scheduled written examination date.

4. The Option 3 written portion of the examination will take place on a single date, mutually agreed upon by the student and their supervisory committee. The exam can begin at 8:00am and end at 4:30pm or begin at 8:30am and end at 5:00pm.

5. When completing the Option 3 Written Qualifying Exam, the student will be allowed to have a copy of the non-annotated reading list that has been approved by their supervisory committee as well as food and drink and a wrist watch or clock. The standard format for the written portion of the Qualifying Examination under Option 3 is as follows:

a. The examination will consist of six questions, two in each of the topic areas. Students, in consultation with their committee, will be informed at the time that qualifying examination topics are approved by the faculty, regarding whether or not a menu of questions (i.e., choices) will be provided on the exam.
b. The student may bring a copy of the (non-annotated) reading list into the examination room.
c. The student will be given access to a desktop PC/word processor in a quiet room to take the examination.
d. The student will not be allowed to bring computer disks, USB drives, or other external storage devices to the examination or to load information to the computer's hard disk (other than in typing the answers themselves). Students may not bring books, notes, cell phones (with or without internet capabilities), pagers or other PDAs. The student may submit handwritten

instead of typed responses at the discretion of the supervisory committee.

6. The student will deliver the original written exam responses to the Academic Coordinator at the end of the written examination day. The Academic Coordinator will send the exam answers to the student's chair. The chair will distribute the student's answers to members of the supervisory committee by noon of the next business day. At the discretion of the chair, the student's written qualifying exam can be distributed in hard copy or electronic format.

7. The written examination is graded by each member of the committee who then informs the committee chair of their grades and comments for each of the six questions and for each of the three areas. Each committee member assigns a "pass", "marginal", or "fail" grade to the answers in *each area*.   The committee chair then organizes this information and provides the student with preliminary results **at least three calendar days before the oral examination** is scheduled to take place. Preliminary results are communicated to the student via the department's Written Qualifying Examination Feedback Form, selecting the appropriate option.

8. Students who receive a majority of "Pass" scores in <u>all areas</u> may proceed to the Oral Examination. Each topic area is separately passed or failed. If a student fails only one area, only that area needs to be subject to written re-examination. If, however, the student fails two areas, the written reexamination may include only the failed areas or may include all three areas, as determined by a majority vote of the committee members at their meeting. Passing performance on the qualifying examination cannot be made contingent upon additional tasks assigned to the student.

9. The oral examination is conducted by the members of the supervisory committee and can be scheduled between **10-14** calendar days after the written examination is taken. Attendance at the Oral Examination is governed by Graduate School policy.

General Departmental Policies

1.   Regardless of the Option selected, the student is considered to be under written examination from the time the written examination begins/is submitted through successful completion of the oral examination. Supervisory committee members are not permitted to coach students during this time period. Committee members are not allowed to provide students with specific information about how to remediate any deficiencies in their written examination performance during this time, except as permitted on the Written Qualifying Examination Feedback Form.

2.   At the time of the Oral Qualifying Examination, the student may have the following items in their possession:

●   A copy of the written documents submitted in the "writing phase."
●   A copy of relevant bibliographies (references only) used in preparing the written document.
●   Up to five (5) type-written pages of notes, reflecting the student's own evaluation of and reflections on their written qualifying exam performance (not to include any information resulting from discussions with any person regarding the student's written exam). A copy of these notes will be provided to the committee chair prior to the beginning of the oral exam.

3. The oral qualifying examination will focus extensively on the products of the written qualifying examination, though questions more broadly relevant to concepts in the major and minor area are also appropriate. A specific objective of the qualifying examination is that the

student demonstrate(s) the ability to discuss issues of ethics and diversity as they relate to the various topics chosen for examination.

    4. Only one re-examination is allowed. A student will not be permitted to advance to candidacy for the doctoral degree if the Qualifying examination has been failed twice.

Additional Graduate School Policies

    1. The Graduate School rules regarding re-examination state that if a student fails the qualifying examination, the Graduate School must be notified. A re-examination may be requested, but it must be recommended by the supervisory committee and must be approved by the Graduate School. At least one semester of additional preparation is required before re-examination.

    2. The Graduate School requires all work for the doctoral degree to be completed within five calendar years after the Qualifying Examination or this examination must be repeated.

    3. The Graduate School requires that four faculty members be present for the oral portion of the examination. Neither the chair nor the external member can be substituted.

Revised 3/17/16

Guidelines for General Faculty Approval of Qualifying Examination

When students submit their proposed QE plan to the general faculty for approval, the faculty will use the following general guidelines in evaluating the proposal.

Grant Proposals

1) The pre-proposal submitted for faculty review has been approved by the student's doctoral committee.
2) The pre-proposal contains: a 1-page specific aims adhering to SF424 format and guidance, which includes at a minimum rationale/background, specific aims and hypotheses, plus on a second page, an additional one to two paragraphs briefly describing the methods planned to address the aims.
3) The stated aims are adequately addressed by the brief proposal of methods.
4) The pre-proposal describes a specific research question in a defined research area judged to be of sufficient significance to reasonably justify the work.
5) A planned submission date is included in the proposal.

Review Papers

1) The proposed review paper has been approved by the student's doctoral committee.
2) The submitted synopsis includes a statement of the purpose and goals of the review and the target problem or literature area addressed by the review.
3) The student has adequately described the methods that will be used in selecting articles and other materials for the review.
4) The student's proposal demonstrates appreciation for key issues in the area of study covered by the review, and highlights anticipated outcomes that reasonably justify the work.
5) A planned submission date is included in the proposal.

Committee-Administered Areas and Questions

1) The three proposed areas, the attached reading list, and the area descriptions provided by the student have been approved by the student's doctoral committee.
2) The three areas address issues and content that, if mastered, will allow the student to demonstrate integrative thinking.
3) The three proposed areas provide adequate coverage of both the major (Clinical Psychology) and minor (specialty) areas.
4) The areas are sufficiently different and extensive enough in scope to provide reasonable breadth of coverage.
5) A planned date for the written qualifying examination is included in the proposal.

Written Qualifying Examination Feedback Form
Option #1 (Grant Proposal)
Must be given to student 3 calendar days before scheduled Oral Examination

Student Name _____

Written Exam Date _____

Grant Proposal Title:

_____

Overall Evaluation

Member 1   P   M   F

Member 2   P   M   F

Member 3   P   M   F

Member 4   P   M   F

Member 5   P   M   F

Note: Overall evaluation may include assessment of the quality of the specific aims and research strategy, training goals, and adequacy of plans for responsible conduct of research/human subjects, among other factors. All required components should be present.

Rev 3/2016

Written Qualifying Examination Feedback Form
Option #2: Review Paper
Must be given to student 3 calendar days before scheduled Oral Examination

Student Name _____

Written Exam Date _____

Review Paper Title:

_____

Overall Evaluation

Member 1   P   M   F

Member 2   P   M   F

Member 3   P   M   F

Member 4   P   M   F

Member 5   P   M   F

Note: Overall evaluation may include assessment of the quality of the work in the following areas: goal/purpose is clearly specified, adequate description of review methodology (if applicable), critical analysis of key issues, and conclusions and implications, among other factors.

Rev 3/2016

Written Qualifying Examination Feedback Form
Option #3: Written Answers to Committee-Provided Questions
Must be given to student 3 calendar days before scheduled Oral Examination

Student Name _____ Written Exam Date _____

SECTION 1 _____(title)

Question 1   **Question 2**

Member 1   P   M   F   Member 1   P   M   F
Member 2   P   M   F   Member 2   P   M   F
Member 3   P   M   F   Member 3   P   M   F
Member 4   P   M   F   Member 4   P   M   F
Member 5   P   M   F   Member 5   P   M   F

SECTION 1 SCORE: Pass   Marginal   Fail

SECTION 2 _____(title)

Question 1   **Question 2**

Member 1   P   M   F   Member 1   P   M   F
Member 2   P   M   F   Member 2   P   M   F
Member 3   P   M   F   Member 3   P   M   F
Member 4   P   M   F   Member 4   P   M   F
Member 5   P   M   F   Member 5   P   M   F

SECTION 2 SCORE: Pass   Marginal   Fail

SECTION 3 _____(title)

Question 1   **Question 2**

Member 1   P   M   F   Member 1   P   M   F
Member 2   P   M   F   Member 2   P   M   F
Member 3   P   M   F   Member 3   P   M   F
Member 4   P   M   F   Member 4   P   M   F
Member 5   P   M   F   Member 5   P   M   F

SECTION 3 SCORE: Pass   Marginal   Fail

Rev 3/2016

APPENDIX K – MISCELLANEOUS PROGRAM FORMS

NOTE: Forms are occasionally updated or revised. All revised/updated forms will be posted in the CHP Doctoral Student Portal on <u>Canvas</u>. <u>Please look there first</u> when a form is needed.

1) **COURSE REGISTRATION APPROVAL FORM**

2) **COURSE EXEMPTION/SUBSTITUTION**

3) **INDIVIDUAL WORK**

4) **REQUEST TO PARTICIPATE IN OUTSIDE EMPLOYMENT**

5) **REQUEST TO PARTICIPATE IN RESEARCH/CLINICAL   ACTIVITY OUTSIDE THE DEPARTMENT**

6) **CLINICAL COMPETENCY ASSESSMENT TOOL (PRACTICUM EVALUATION)**

7) **APPLICATION FOR ADVANCED PRACTICUM**

8) **DOCTORAL COMMITTEE RECOMMENDATION FORM**

9) **CHANGE OF SUPERVISORY COMMITTEE**

10) **REQUEST TO APPROVE QUALIFYING EXAMINATION**

11) **Ph.D. PROPOSAL ACCEPTANCE FORM**

12) **CHP MENTORSHIP AGREEMENT – MENTOR COMPACT**

13) **CHP MENTORSHIP AGREEMENT – STUDENT COMPACT**

14) **PUBLICATION POLICY GUIDELINES**

APPENDIX L: EXCERT FROM GRADUATE CATALOG, REQUIREMENTS FOR DOCTORAL DEGREES

REQUIREMENTS FOR DOCTORAL DEGREES

Doctor of Philosophy

The Doctor of Philosophy (Ph.D.) is a research degree and is granted on evidence of general proficiency, distinctive attainment in a special field, and particularly on ability for independent investigation as demonstrated in a dissertation presenting original research with a high degree of literary skill. Consequently, doctoral programs are more flexible and varied than those leading to other graduate degrees. The Graduate Council does not specify what courses are required for the Doctor of Philosophy degree. General requirements: the program should be unified in relation to a clear objective, the program should have the considered approval of the student's entire supervisory committee, and the program should include an appropriate number of credits of doctoral research.

Course Requirements

Course requirements for doctoral degrees vary from field to field and from student to student. In all fields, the Ph.D. degree requires at least 90 credits beyond the bachelor's degree. All master's degrees counted in the minimum must be earned in the last 7 years.

Transfer of credit: No more than 30 credits of a master's degree from another institution will be transferred to a doctoral program. If a student holds a master's degree in a discipline different from the doctoral program, the master's work will not be counted in the program unless the academic unit petitions the Dean of the Graduate School. All courses beyond the master's degree taken at another university to be applied to the Ph.D. degree must be taken at an institution offering the doctoral degree and must be approved for graduate credit by the Graduate School of the University of Florida. All courses to be transferred must be graduate-level, letter-graded with a grade of B or better and must be demonstrated to relate directly to the degree being sought. All such transfer requests must be made by petition of the supervisory committee no later than the third term of Ph.D. study. The total number of credits (including 30 for a prior master's degree) that may be transferred cannot exceed 45, and in all cases the student must complete the qualifying examination at the University of Florida. In addition, any prior graduate credits earned at UF (e.g., a master's degree in the same or a different discipline) may be transferred into the doctoral program at the discretion of the supervisory committee and by petition to the Graduate School. The petition must show how the prior course work is relevant to the current degree.
Major: A Ph.D. student does the major work in an academic unit specifically approved for offering doctoral courses and supervising dissertations. See Graduate Programs. At least a B (3.00 truncated) is needed for courses included in the major.
Minor: Minor work must be in an academic unit other than the major. If an academic unit contributes more than one course (as specified in the curriculum inventory and/or the Graduate

Catalog) to the major, the student is not eligible to earn a minor from the contributing academic unit. A 3.00 (truncated) GPA is required for minor credit.

With the supervisory committee's approval, the student may choose one or more minor fields. If one minor is chosen, the supervisory committee member representing the minor suggests 12 to 24 credits of courses numbered 5000 or higher as preparation for a qualifying examination. If two minors are chosen, each must include at least 8 credits. Competency in the minor is demonstrated by written examination by the minor academic unit, or by the oral qualifying examination.

Leave of Absence

A doctoral student who ceases to be registered at UF for more than 1 term needs prior written approval from the supervisory committee chair for a leave of absence for a stated period of time. This approved leave is kept on file in the student's departmental record. It does not need Graduate School approval. The student must reapply for admission on returning. See Readmission and Catalog Year.

Supervisory Committee

Supervisory committees are nominated by the academic unit chair, approved by the dean of the college concerned, and appointed by the Dean of the Graduate School. The committee should be appointed as soon as possible after the student starts doctoral work and no later than the end of the second term of equivalent full-time study. The Dean of the Graduate School is an ex-officio member of all supervisory committees.

Duties and responsibilities of the supervisory committee:

- Inform the student of all regulations governing the degree sought. This does not absolve the student from responsibility for being informed about these regulations. See *General Regulations*.
- Meet immediately after appointment to review the student's qualifications and discuss and approve a program of study.
- Meet to discuss and approve the proposed dissertation project and the plans for carrying it out.
- Give the student a yearly evaluation letter in addition to S/U grades earned for research courses 7979 and 7980. The chair writes this letter after consulting with the supervisory committee.
- Conduct the qualifying examination (or participate in it, if administered by the academic unit).
- Meet when at least half the work on the dissertation is complete, to review procedure, progress, and expected results; and to make suggestions for completion.
- Meet with the student when the dissertation is completed and conduct the final oral examination to assure that the dissertation is a piece of original research and a

contribution to knowledge. The supervisory committee chair or co-chair must be present with the candidate for the examination. All other committee members may attend remotely. Only the actual supervisory committee may sign the ETD Signature Page, and they must approve the dissertation unanimously. See *Examinations in General Regulations*.

Membership: The supervisory committee for a doctoral candidate comprises at least four members selected from the Graduate Faculty. At least two members, including the chair, must be from the academic unit recommending the degree. At least one member serves as external member and should be from a different educational discipline, with no ties to the home academic unit. One regular member may be from the home academic unit or another unit.

If a minor is chosen, the supervisory committee includes at least one Graduate Faculty member representing the student's minor. If the student elects more than one minor, each minor area must be represented on the supervisory committee. Therefore, committees for students with two minors must have a minimum of five members.

Special appointments: People without Graduate Faculty status may be made official members of a student's supervisory committee through the special appointment process. Appropriate candidates for special appointments include

- Individuals from outside UF with specific expertise who contribute to a graduate student's program of study

- Tenure-track faculty not yet qualified for Graduate Faculty status

- Non-tenure-track faculty or staff at UF who do not qualify for Graduate Faculty status

Limitations for special appointments:

- They do not hold Graduate Faculty appointments

- They have a special appointment that is specific only to an individual student's committee

- **They may not serve as a supervisory committee chair, co-chair, external member, or minor representative.**

The student's supervisory committee chair requests the special appointment, briefly explaining what the special appointment contributes to the supervisory committee. A special appointment is made for a specific supervisory committee. If a student changes to a new degree or major and the committee chair wishes to include the special member on the new supervisory committee, another request must be submitted to the Graduate School for the new committee.

External member:
- Represents the interests of the Graduate School and UF

- Knows Graduate Council policies

- Serves as an advocate for the student at doctoral committee activities.

If the academic unit's committee activity conflicts with broader University policies or practices, the external member is responsible for bringing such conflicts to the attention of the appropriate governing body. Therefore, the external member is prohibited from holding any official interest in the doctoral candidate's major academic unit. Faculty holding joint, affiliate, courtesy, or adjunct appointments in the degree-granting academic unit cannot be external members on a student's committee.

Minor member: The Graduate Faculty member who represents a minor on a student's committee may be appointed as the external member if he/she does not have a courtesy graduate appointment in the student's major academic unit.

Co chair: To substitute for the chair of the committee at any examinations, the co chair must be in the same academic unit as the candidate.

Retired faculty: Graduate Faculty members who retire may continue their service on supervisory committees for 1 year. With approval of the academic unit, retired faculty may continue serving on existing or new committees beyond this period.

Substituting members at qualifying and final examination: If a supervisory committee member cannot be present at the student's final defense, a Graduate Faculty member in the same academic area may substitute for the absent committee member. The substitute should sign the Final Examination form on the left side, in the space provided for committee members, noting the name of the absent member.

The chair of the student's major academic unit also must indicate the reason for the absence and state that the absent member agreed to this substitution at the final examination.

The substitute should not sign the ETD signature page. The original committee member must sign.

The student and chair or co chair should be present for the oral defense; however, other committee members may elect to attend remotely, with approval by the other committee members, using modern communication technology to be present rather than being physically present at the defense.

No substitutes are allowed for the chair or external member of the committee. Changes to the supervisory committee may be entered online in GIMS before the qualifying examination. The Graduate Council wants each supervisory committee to function as a University committee (not a departmental committee), applying University-wide standards to the various doctoral degrees.

Language Requirement

Any foreign language requirement for the Ph.D. is established by the major academic unit with approval of the college. The student should check with the graduate coordinator of the appropriate academic unit for specific information. The foreign language departments offer classes for graduate students starting to study a language. See the current *Schedule of Courses* for

available languages. All candidates must be able to use the English language correctly and effectively, as judged by the supervisory committee.

Campus Residence Requirement

Beyond the first 30 credits counted toward the doctoral degree, students must complete 30 credits enrolled at the University of Florida campus or at an approved branch station of the University of Florida Agricultural Experiment Stations or the Graduate Engineering and Research Center. An academic unit or college may establish and monitor its own more-stringent requirement as desired.

Qualifying Examination

All Ph.D. candidates must take the qualifying examination. It may be taken during the third term of graduate study beyond the bachelor's degree.

The student must be registered in the term the qualifying examination is given.

The examination, prepared and evaluated by the full supervisory committee or the major and minor academic units, is both written and oral and covers the major and minor subjects. Except for allowed substitutions, all members of the supervisory committee must attend the oral part. The student and chair or co-chair must be in the same physical location. With approval of the entire committee, other committee members may attend remotely using modern technology. At this time the supervisory committee is responsible for deciding whether the student is qualified to continue work toward a Ph.D. degree.

If a student fails the qualifying examination, the Graduate School should be notified. A re-examination may be requested, but it must be recommended by the supervisory committee. At least one term of additional preparation is needed before re-examination.

Time lapse: Between the oral part of the qualifying examination and the date of the degree there must be at least 2 terms. The term the qualifying examination is passed is counted, if the examination occurs before the midpoint of the term.

Registration in Research Courses

Advanced Research (7979) is open to doctoral students not yet admitted to candidacy (classified as 7 and 8). Students enrolled in 7979 during the term they qualify for candidacy will stay in this registration unless the academic unit elects to change their enrollment to Research for Doctoral Dissertation (7980), which is reserved for doctoral students admitted to candidacy (classified as 9).

Admission to Candidacy

A graduate student becomes a candidate for the Ph.D. degree when the student is granted formal admission to candidacy. Such admission requires the approval of the student's supervisory committee, the academic unit chair, the college dean, and the Dean of the Graduate School. The approval must be based on:

- The academic record of the student
- The supervisory committee's opinion on overall fitness for candidacy
- An approved dissertation topic
- A qualifying examination as described above

The student should apply for admission to candidacy as soon as the qualifying examination is passed and a dissertation topic is approved by the student's supervisory committee.

Dissertation

Each doctoral candidate must prepare and present a dissertation that shows independent investigation and that is acceptable in form and content to the supervisory committee and to the Graduate School. The work must be of publishable quality and must be in a form suitable for publication, using the Graduate School's format requirements. **The student and supervisory committee are responsible for level of quality and scholarship.** Graduate Council requires the Graduate School Editorial Office, as agents of the Dean of the Graduate School, to review theses and dissertations for acceptable format, and to make recommendations as needed.
Doctoral dissertation requirements: Before presentation to the Editorial Office, the dissertation should be virtually complete and completely formatted (not in a draft format). Students must be completely familiar with the format requirements of the Graduate School and should work with one of the consultants in the Application Support Center, to troubleshoot the dissertation, before attempting to make a first submission to the editors in the Graduate School Editorial Office. Students who fail to first meet with one of the ASC Lab Consultants often find their document rejected upon First Submission to the Editorial Office, for not meeting the minimum submission standards, required for an editorial review.
Format requirements:
graduateschool.ufl.edu/files/etd-guide.pdf
Checklist:
graduateschool.ufl.edu/editorial/checklists/dissertation
Graduate School Editorial Office:
http://graduateschool.ufl.edu/about-us/offices/editorial/
Application Support Center:
https://asc.helpdesk.ufl.edu/
Gatorlink email requirement: UF requires all students to maintain access to their Gatorlink email.
Dissertation First Submission: Before presentation to the Editorial Office, the thesis should be virtually complete and completely formatted (not in a draft format). Students must be completely familiar with the format requirements of the Graduate School and should work with one of the

consultants in the Application Support Center, to troubleshoot the dissertation, before attempting to make submission to the editors in the Graduate School Editorial Office. Students who fail to first meet with one of the Lab Consultants often find their document rejected upon First Submission to the Editorial Office, for not meeting the minimum submission standards required for an editorial review.

Should the document pass the submission requirements and appear acceptable for review, the Editorial Office will email the student, using their Gatorlink email address, confirming the submission, and responding with an acceptance email. Should the document not pass first submission requirements, a denial email will instead be sent, advising the student of their options at that time. This notice must be addressed immediately. Once a successful first submission has been achieved and the document has been reviewed by one of the Graduate School's editors, another email is sent, providing editorial feedback to the student and committee chair. The student is responsible for retrieving the dissertation, review comments, and resolving any deficits related to the format requirements. Students should promptly make all required changes.

Uploading and submitting the final pdf for Editorial Final Submission: After changes have been made to the satisfaction of the supervisory committee, the Electronic Thesis or Dissertation (ETD) Signature Page is submitted electronically to the Graduate School Editorial Office, via the Graduate Information Management System (GIMS). This must be completed by the Editorial Office's Final Submission Deadline. Once submitted, the student should upload and submit the final pdf of the electronic thesis, using the Editorial Package portal found within the Graduate Information Management System (GIMS). The document will undergo a final review by one of the Graduate School Representatives. The Editorial Office ensures that the format is acceptable, that all indicated changes were made, and that all of the hyperlinks work within the document. The Graduate School Representative then emails the student regarding the status of the ETD. If accepted, no further changes are allowed. If changes are still required, the student should resubmit the corrected document as soon as possible. All documents must be confirmed with final approval emails from the Graduate School Editorial Office by the Final Clearance deadline. This deadline is firm, and no exceptions can be granted. When all changes have been made and approved, the Editorial Office will email the Committee Chair and the student with a message, indicating the student has achieved Editorial Final Clearance with the Graduate School's Editorial Office.

Editorial Final Clearance: Among other requirements (see Checklist above), the final thesis must be confirmed as accepted, by email, by 5:00 p.m. on this deadline. This deadline only applies, if all other posted deadlines for the term have been appropriately met. Because there are hundreds of students in this process, most students complete all requirements well in advance. It is the responsibility of the student to ensure they have achieved Final Clearance status by the Final Clearance Deadline for the term in which they intend to graduate. This can be confirmed via GIMS.

Publication of dissertation: The work will be accessible through the University's Institutional Repository (IR). Students who began their graduate program in the fall of 2001 or later must submit their final dissertations electronically to the IR (not on paper). All dissertation students must submit a publication agreement to ProQuest even if they elect not to send the full

dissertation to ProQuest for publication; after University restrictions have expired, the abstract of the document will be retained in ProQuest archives.

Copyright: The student is automatically the copyright holder, by virtue of having written the dissertation. A copyright page should be included immediately after the title page to indicate this. The Editorial Office does not accept copyright registration requests. Registering copyright is not required and does not benefit most students. Any students who wish to register a copyright can do so themselves (http://www.copyright.gov).

Dissertation language: Dissertations must be written in English, except for students pursuing degrees in Romance or Germanic languages and literatures. Students in these disciplines, with the approval of their supervisory committees, may write in the topic language. A foreign language dissertation should have the Acknowledgments, Abstract, and Biographical Sketch written in English. All page titles before Chapter 1 should also be in English.

Journal articles: Dissertations may include journal articles as chapters, if all copyright considerations are addressed appropriately. In such cases, Chapter 1 should be a general introduction, tying everything together as a unified whole. The last chapter should be general conclusions, again tying everything together into a unified whole. Any chapter representing a journal article needs a footnote at the bottom of the first page of the chapter: "Reprinted with permission from … " giving the source, just as it appears in the list of references. The dissertation should have only 1 abstract and 1 reference list.

Guidelines for Restriction on Release of Dissertations

Research performed at the University can effectively contribute to the education of our students and to the body of knowledge that is our heritage only if the results of the research are published freely and openly. Conflicts can develop when it is in the interests of sponsors of university research to restrict such publication. When such conflicts arise, the University must decide what compromises it is willing to accept, taking into account the relevant circumstances.

Final Examination

While submitting the dissertation and completing all other work prescribed for the degree, the candidate is given a final examination, oral or written or both, by the supervisory committee, on campus. The candidate and the supervisory committee chair or co chair must be physically present together at the same location. With approval of the entire committee, other members may attend the defense remotely, using modern communication technology. The defense should be no more than 6 months before degree award. All forms should be signed at the defense: the candidate and the supervisory committee chair sign the UF Publishing Agreement Form, while the entire supervisory committee signs the ETD Signature Page and the Final Examination Report. If dissertation changes are requested, the supervisory committee chair or his or her designee may hold the ETD Signature Page until all are satisfied with the dissertation. However, this form must be submitted electronically, via GIMS, by the Final Submission Deadline for the Graduate School Editorial Office, during the term of intended degree award.

Satisfactory performance on this examination and adherence to all Graduate School regulations outlined above complete the requirements for the degree.

Time limitation: All work for the doctorate must be completed within 5 calendar years after the qualifying examination, or this examination must be repeated.