

REQUEST TO ENGAGE IN EXTRAMURAL CLINICAL ACTIVITY

I understand that the Vanderbilt-Department of Veterans Affairs Internship in Professional Psychology (the Consortium) and its member institutions assume no responsibility for my actions in connection with the activity listed below. It is my responsibility to so inform the organization by which I am employed. I will provide that organization with a duplicate copy of this form and I will make no representation which might lead that organization or its patients to believe otherwise. While employed in the activity below, I will not use or wear any items which identify me as affiliated with the Consortium or its member institutions nor will I permit the organization by which I am employed to represent me as so affiliated. In the event of time conflict between internship and non-internship responsibilities, internship responsibilities will always take precedence.

Separate from my responsibilities as a Consortium Intern, I request to be employed as follows:

Employer
Direct Supervisor
Mailing Address
Type of Business
Inclusive Projected Dates of Employment
Projected Working Hours
Brief Job Description (attach separate sheet if necessary)

Printed Name	
Signature	Date
Signature of Extramural clinical activity supervisor	Date

APPROVED:

(Signature of Primary Placement Representative)

(Date)

(Signature of Consortium Director)

(Date)