



TRAINING PLAN PROPOSAL FORM

Instructions for Completing this Form:

1. Prior to completing this form review the Training Plan Manual;
2. Follow the instructions set out in the Training Plan Manual, and this form, to avoid any delays in your training plan proposal's approval;
3. Your Training Plan Proposal Form **must** be **typed** and have **all appropriate sections completed**;
4. Ensure that your training plan proposal has been approved by the Registration Committee before commencing it.

A PERSONAL IDENTIFICATION

A1

Date of Submission:

A2

Name:

B KNOWLEDGE AUGMENTATION

B1

Subject:

- Course (Complete B2)
- Course Equivalent of Supervised Readings (Complete B3, B4, B5 & B6)

B2 COURSE INFORMATION

(This section applies to both undergraduate and graduate training requirements)

Name of course and course code:

Name of University:

Academic Level of Course taken:

- Undergraduate
- Graduate

Date course begins:

Date course ends:

Course taken as:

- Credit
- Audit

Evaluation method:

Name of Course Instructor:

Is the course instructor registered to practice psychology?

- Yes
- No

If yes, indicate the jurisdiction that the course instructor is registered/licensed (e.g. Ontario):

Describe how the content of this course is related to your required training in this subject, **and**, attach a copy of 1) the official University course description and 2) the official University reading list/syllabus for this course.

B3 COURSE EQUIVALENT OF SUPERVISED READINGS INFORMATION

(This section **only** applies to graduate level training requirements)

Training Required (Select One):

- Partial Graduate Course Equivalent (**1-2 Graduate text[s] and 10 primary sources**) meeting with supervisor **6 hours for 1 hour week**
- Graduate Course Equivalent (**1-2 Graduate text[s] and 20 primary sources**) meeting with supervisor **12 hours for 1 hour week**

Required Practice Areas to Be Covered:**Required Client Groups to be Covered:**

Select 'Not Specified' if a practice area or client group was not specified in your training requirements.

- 1.
- 2.
- 3.

- 1.
- 2.
- 3.

Supervised Readings
will begin on:

and will be completed
on:

Method of Evaluation:

Review Paper

Oral Examination

Name of supervisor responsible for supervising and evaluating your readings in this subject:

Please list an additional supervisor if you have chosen an Oral Examination as your method of evaluation:

B4 TRAINING PLAN SUPERVISOR'S CONFIRMATION

The supervisor responsible for supervising and evaluating your training plan in this subject must confirm the following:

- I agree to supervise and evaluate the candidate's training plan in this subject.
- I confirm that I have reviewed and understand the training plan requirements specified in the *College's Training Plan Manual*.
- I confirm that I have reviewed, and approve of, the candidate's proposed list of readings.
- I agree to meet regularly with the candidate over the course of this training plan to review and discuss the candidate's readings. (e.g. on a weekly basis) I understand that meetings for the purposes of review and discussion of the candidate's training plan are separate from regular supervised practice supervision meetings.
- I have reviewed the *Supervisor's Training Plan Evaluation Form* and understand my obligations in evaluating and reporting on the candidate's training plan.

Signature of Supervisor

Date Signed

When completing Sections B5 & B6, please ensure the following:

1. All readings must be **typed** and listed in **APA format**.
2. If you are training in multiple practice areas and client groups for a subject, please divide your primary source material (Section B6) by practice area and client group. Make an additional copy of section B6 for each required practice area.
3. Your readings must cover a **broad range of issues** for the subject you are training in, with consideration given to the practice areas and client groups.

B5 TEXTS

List of Supervised Readings

1.

2.

3.

4.

B6 PSYCHOLOGY JOURNALS (PUBLISHED WITHIN THE LAST 10 YEARS)

Practice Area:

Client Group

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

[Empty text box for item 11]

12.

[Empty text box for item 12]

13.

[Empty text box for item 13]

14.

[Empty text box for item 14]

15.

[Empty text box for item 15]

16.

[Empty text box for item 16]

17.

[Empty text box for item 17]

18.

[Empty text box for item 18]

19.

[Empty text box for item 19]

20.

[Empty text box for item 20]

C SKILLS AUGMENTATION

Skills are acquired through practice under the supervision of a member. As well as client contact, this will include discussion of relevant clinical and especially diagnostic issues with your supervisor, and discussion of the practical application of ethics and jurisprudence knowledge.

Skills Augmentation is recorded in the Supervisor's Work Appraisal Forms.

D CANDIDATE CHECKLIST

To ensure the likelihood of your training plan proposal being approved by the Registration Committee, please use the checklist below prior to submitting your proposal:

- I have read and understand the *Registration Guidelines for Training Plans of Supervised Practice Members*.
- I have read and understand the instructions for completing the College's *Training Plan Proposal Form* found in the *Training Plan Manual*.
- I understand that I must submit my *Training Plan Proposal Form* to the College at least 10 days in advance of a Registration Committee meeting date.

If proposing to take a university course:

- My *Training Plan Proposal Form* is typed, and all relevant sections have been filled out.
- I have included the official university course description or course syllabus with my *Training Plan Proposal Form*.

If proposing to complete a course equivalent of supervised readings:

- My *Training Plan Proposal Form* is typed, and all relevant sections have been filled out.
- My reading list is appropriate to the subject(s), practice area(s), and client group(s) that I am required to train in.
- My reading list is cited using APA citation format and readings are listed in alphabetical order.
- I have listed the required number of texts and journal articles as specified in the *Training Plan Manual*.
- The journal articles in my reading list are from psychology journals and were published within the last 10 years.
- If my reading list includes some classic or seminal journal articles, I have ensured that my reading list has the required number of recently published (10 years) journal articles as specified in the Training Plan Manual.*
- I have included the name(s) of my training plan supervisor(s).
- I have indicated the method of evaluation of my training plan.
- My supervisor has completed and signed section B4 of my *Training Plan Proposal Form*.