



INTERNSHIP FACILITY INFORMATION FORM

This form is required as part of the ADTA Committee on Approval Self-Study review of your program to assure compliance with the *ADTA Standards for Education and Clinical Training*. A program representative must complete this form for each student who has completed an internship during the past academic year for submission with the Self-Study report.

A. Student intern’s name:

First Placement: _____

Second Placement (if applicable) _____

Third Placement (if applicable) _____

B. Name of Facility: _____

Type of setting (licensed, accredited, and/or therapeutic setting):

Population: _____

Internship Agreement in place? Yes No

C. BC-DMT Supervisor: _____

Additional Credentials: _____

Employed by: Facility DMT Program
 Other? Please explain. _____

D. Student Time at Facility:

A total of 700 hours is required. Of the 350 hours of direct client contact, a minimum of 150 hours must be in leading DMT sessions.

Total Number of Hours:	
Total Hours leading DMT Sessions:	
Total Direct Client Contact Hours:	

E. Supervision:

Types of Supervision (check all that apply)

Individual Group In Session Post session

Direct onsite Online Remote Video/audio recorded

Other (specify):

Total number of supervision hours provided?

A total of 70 hours of supervision are required. Indicate the # of hours of supervision provided by:

A BC-DMT credentialed supervisor employed at clinical site:

A BC-DMT credentialed supervisor at the academic institution:

Another BC-DMT credentialed supervisor, please explain:

F. Evaluations:

- Check all that apply.
- Intern was asked to evaluate the site for applicability.
 - Intern was asked to evaluate the site supervisor.
 - The site supervisor provided an evaluation of the Intern.
 - Program representative made a site visit to observe the intern.

G. Types of Service:

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Opportunities for co-leading and leading groups | <input type="checkbox"/> Treatment planning |
| <input type="checkbox"/> Shadowing other professionals | <input type="checkbox"/> Clinical trainings |
| <input type="checkbox"/> Work with individuals | <input type="checkbox"/> Case conferences or team meetings |
| <input type="checkbox"/> Group work | <input type="checkbox"/> Documentation requirements |
| <input type="checkbox"/> Program planning | <input type="checkbox"/> Clinical interviews |

H. Additional comments:

This form should be submitted as an electronic appendix to the Clinical Fieldwork and Internship Section of the Self-Study. Thank you for your time in completing this important assessment tool. Questions can be directed to the Chair of the ADTA Committee on Approval at approval@adta.org.