



Authorization to Exchange Information

The Committee on Accreditation and the Office of Program Consultation and Accreditation of the American Psychological Association (APA) encourage close working relationships between internship programs and graduate programs in professional psychology. Doctoral programs and internship centers share a responsibility to communicate about trainees. More specifically, communication is required regarding preparation for training experiences and progress and status in programs.

This form facilitates communication between the Nevada psychology internship Consortium and the doctoral program of the intern named below. (Please provide the information in the spaces below.)

By signing this form, I am providing permission for my doctoral program and this internship to communicate about my functioning in both programs.

Intern Name: _____

Intern's Doctoral Program: _____

Director of Doctoral Program: _____

Address of Doctoral Program: _____

Academic Program's Director's Telephone Number: _____

Academic Program's Director's e-mail: _____

I grant permission to the Nevada Psychology Internship Consortium and the doctoral program listed above to exchange information pertinent to my internship, training, and professional development.

Intern Signature

Date

Please return this completed form to the NV-PIC Training Director.