



THE GRADUATE SCHOOL AT UMBC

**CERTIFICATION OF COMPLETION  
OF THE CLINICAL INTERNSHIP  
Human Services Psychology, Ph.D. Students**

|                                  |                                                                             |
|----------------------------------|-----------------------------------------------------------------------------|
| Name: <i>(last, first, M.I.)</i> |                                                                             |
| Student ID:                      | Graduation Term and Year:<br><br>___ Spring<br>___ Summer 20___<br>___ Fall |
| Name of Internship:              |                                                                             |

☐ This internship is APA or CPA accredited.

☐ This internship is not accredited.

☐ This student has completed the required clinical internship as of

\_\_\_\_\_  
Date of Completion

☐ An internship was not required for this student.

| <b>APPROVAL SIGNATURES</b><br>Please type and sign |            |       |
|----------------------------------------------------|------------|-------|
| Advisor:                                           | Signature: | Date: |
| Director of Clinical Training:                     | Signature: | Date: |