

## CLINICAL COMPETENCY EVALUATION

**TO:** Chairpersons and Panel Members

**FROM:** Geoff Goodman, Ph.D., and Hilary Vidair, Ph.D.

Thank you for agreeing to participate in the Clinical Competency Evaluation (CCE) of our students who have completed their third year of coursework and their second year of supervised clinical experience. We would like to clarify a few aspects of the evaluations.

1. **GENERAL PROCEDURES.** CCE panels are made up of a core clinical faculty member (panel chair) and two licensed psychologists from outside the program. Students are asked to follow the procedures outlined on pp. 2-5 of this packet. Once a panel is established, the student will schedule an oral presentation. Panel members are asked to review the written case summary and video or audio tape of a session prior to the oral presentation. (In a limited number of cases, students may present a process recording of the case.) **All panel members must also sign a confidentiality agreement (see p. 16) that indicates that they agree not to share any patient information with anyone other than the student presenting and the other CCE panel members.** The presentation meeting will be scheduled for 75 minutes. In the first hour the student will discuss the case with the panel members and answer questions about any aspect of the written work, the tape, the conceptualization, or his/her self-evaluation. In the last 15 minutes, the panel members will ask the student to leave the room while they complete ratings forms, write comments, discuss their impressions, and come to a consensus on the summary report. The panel chair will then invite the student to return for feedback from the panel members.

2. **COLLEGIALITY.** The panel chair will lead the evaluations in a collaborative, non-threatening fashion more akin to a consultation than an examination. The CCE evaluations should yield specific feedback to help the student gain maximum benefit from future training opportunities.

3. **MATERIALS.** After the student's oral presentation, each panel member will complete a **PANEL MEMBER REPORT WORKSHEET** (p. 6 in this packet). This worksheet is based on our program's foundational competencies (ethics, individual culture and diversity, professional development/relationships) and core competencies (research evaluation, assessment, and intervention). Definitions of these competency areas are as follows:

### Foundational Competencies

**Ethics.** This area pertains to the application of ethical concepts and awareness of legal issues regarding professional activities. The essential component is knowledge of the principles of ethical practice and basic skills in ethical decision making and legal/regulatory issues.

**Professional Development/Relationship.** This area pertains broadly to a commitment to lifelong learning, engagement with scholarship, critical thinking, and the development of the profession and one's own clinical skills. This area also pertains to a capacity to relate effectively and meaningfully with colleagues (including panel members) and the client.

**Individual and Cultural Diversity.** This area pertains to awareness and sensitivity in knowledge about and working professionally with a client who represents a different cultural and personal background from the student. The essential component is an understanding of one's own

situation (e.g., one’s ethnicity, socioeconomic status, gender, sexual orientation; one’s attitudes towards diverse others) relative to dimensions of individual and cultural diversity.

**Core Competencies**

**Research and Evaluation.** This area pertains to the citation of research support (quantitative or qualitative) that contributes to the psychotherapy knowledge base and evaluates the effectiveness of various therapeutic interventions. It incorporates understanding of a scientific approach to the selection of treatment models and the application of scientific methods to clinical practice.

**Assessment.** This area pertains to the assessment and diagnosis of problems and issues associated with the client. It incorporates diagnostic assessment skills concerning normal and abnormal behavior, use of interview and test methods, and communication of results of assessment activities.

**Intervention.** This area pertains to interventions designed to alleviate suffering and to promote health and well-being. It incorporates knowledge of scientific, empirical, and contextual bases of intervention as well as knowledge of the value of evidence-based practice, its role in scientific psychology, and the ability to formulate and conceptualize cases. It also requires an understanding of the relationship between assessment and intervention, basic implementation of interventions, and consideration of the relationship between intervention progress and outcome.

Each competency has at least one subcategory to rate. We ask you to rate each subcategory on a Likert scale from 1 to 4. Each competency has at least one subcategory to rate. We ask you to rate each subcategory on a Likert scale from 1 to 4. Generally, the definitions for each point on these scales are as follows:

Not Acceptable Below Minimal Level of Competence	Acceptable Level of Competence for Student Entering Fourth Year Training	Proficient Competence at a Level Acceptable for an Entry Level Professional	Outstanding Performance Competency at Level Expected for an Experienced Practitioner
1	2	3	4

More specific definitions of the scores for each subcategory are provided on the Worksheet. **Please review the Worksheet to familiarize yourself with all of the subcategories we are asking you to rate.** It will be helpful to keep these subcategories in mind when reading the case summary so that you will know whether further questioning of the student during the oral presentation will be necessary to provide sufficient basis for an informed rating.

After completion of the Worksheet, panel members will discuss their ratings and reach a consensus that will be reported by the panel chair on the **SUMMARY REPORT** (p. 7). The panel chair should return completed worksheets and the summary report signed by all panel members to Pamela Pruitt’s mailbox in the doctoral program office immediately after the panel meeting.

4. **STUDENT FEEDBACK.** After discussion and completion of the rating forms by panel members, the chair will inform the student of the panel's overall rating. Then each panel member will provide specific positive feedback and suggestions for improvement.

5. **PASS/FAIL.** Students receiving overall ratings of 2 or more will pass this evaluation. Students who do not pass (overall rating of less than 2) will be given the opportunity to improve their performance and make another presentation. The second CCE attempt can be with the same or a different panel and with the same or a different client. After discussion with the student, the panel chair will recommend the best course of action to the Doctoral Training Committee. Students must pass their CCE to receive a letter of readiness for internship from the Director of Training.

**THANK YOU FOR YOUR COOPERATION!**

## PROCEDURES FOR PREPARING CASE FOR CLINICAL COMPETENCY EVALUATION

(Instructions to Students)

1. During the Professional Development Seminar (PSY 860) in the spring semester of the third year, you will work with the instructor to select an appropriate case, develop a written case presentation, and practice oral presentations. A case selected for the CCE must include a video (preferred) or audiotape of one full session of your work with the client. The client (parent or legal guardian when appropriate) must provide informed consent for the taping. Once you select a client, you should confer with the clinical supervisor of the case to be sure that he or she is aware of the CCE work and will support your preparation. This supervisor must also sign a form (see p 7) that confirms his or her support. The PSY 860 instructor will assign CCE panel members at the end of the spring semester. Panel composition will be designed so that the clinical practice and expertise of the panel members are best suited to provide fair evaluation and a positive educational experience for you. All panel members must also sign a confidentiality agreement (see p. 16) that indicates that they agree not to share any patient information with anyone other than you and the other CCE panel members.
2. Your CCE panel will consist of a core clinical faculty member (chair) and two other panel members selected from a list made up of other psychology department faculty, community supervisors, externship supervisors, and graduates of the C.W. Post clinical psychology doctoral program. All panel members will be licensed psychologists. Panels are approved by the DTC.
3. As soon as you believe you have a good written case presentation and session tape (audiotapes should be very clear and accompanied by a written transcript if requested by the CCE), contact your CCE chair. Provide your chair with a signed copy of the memo of readiness from the clinical supervisor of the case (p. 7 of this packet) and ask your CCE chair to review your written work. This review is designed to protect you and the panel members from a last-minute discovery that the written work is not acceptable. Once the chair has approved the written work and work sample, the student will contact the PSY 860 instructor, who will then contact the other panel members and invite them to serve on your panel. The PSY 860 instructor will notify you when a full panel has been assigned. You will then begin contacting panel members to set a time for the presentation. **All CCE presentations must be scheduled by June 15.**
4. At least two weeks before the oral presentation, you will give (or send) panel members your written case presentation that reflects your own thinking and that you can defend. Include the following information in approximately 10 single-spaced typed pages:
  - a. demographic characteristics
  - b. appearance, general attitude, and any peculiarities in thought, speech, or perception seen during the interview (Mental Status)
  - c. presenting problem
  - d. personal and family history
  - e. social, cultural & environmental factors (Issues related to diversity: age, culture, SES, ethnicity, gender, and religion)
  - f. results of any formal assessment procedures
  - g. DSM-IV diagnosis and justification
  - h. case formulation

- i. treatment plan and research support for the planned interventions
- j. treatment progress and how it was evaluated
- k. prognosis for this case
- l. difficulties encountered working with this case
- m. ethical and/or legal issues encountered
- n. self-assessment of clinical proficiency
- o. work sample

5. Also send to the panel members one 45-minute audio or videotape of a complete session (video preferred) with a transcript. You will be expected to discuss aspects of this taped session with the CCE panel members. As part of your presentation, you may also present video or audiotaped segments from other sessions that demonstrate important aspects of your work.

6. Oral presentation, discussion, and feedback will last a total of 75 minutes.

7. The CCE process must be completed during the spring or summer after your third year in the program. Panel meetings must be scheduled by June 15; you must pass the CCE presentation to earn a Letter of Readiness for Internship. All internship applications require this letter from the Director of Training. Deadlines for internship applications start as early as November 1. Most application deadlines are December 1 or later.

8. Your performance rating on the CCE is based upon the consensus of the three panel members on the Summary Report (see p. 7). Ratings of 2 or better are needed to pass the CCE. Students who do not pass (overall rating of less than 2) will be given the opportunity to improve their performance and make another presentation. The second CCE attempt can be with the same or a different panel and with the same or a different client. After discussion with the student, the panel chair will recommend the best course of action to the Doctoral Training Committee.

9. To assess the student's sensitivity to issues of cultural diversity in psychotherapy, the case presentation will also be evaluated on the following dimensions:

- a. case formulation describes the socioeconomic and environmental context in which the client's behavior, thoughts, and feelings developed;
- b. assessment of the problem takes into account the influences of age, ethnic, cultural, gender, and class variables;
- c. assessment of the problem demonstrates an understanding of the client's use of language and metaphor in a cultural context;
- d. assessment of the problem demonstrates an understanding of the client's level of acculturation or stage of adaptation to the dominant culture; and
- e. planned intervention strategies are consistent with the client's level of acculturation, language, cultural values, and interpersonal styles.

Further, each student will be evaluated on how well he or she

- a. assesses the influences of the client's attitudes about race, culture, and class on the development of the therapeutic relationship;
- b. discusses the influence of culturally derived attitudes about self and psychotherapy on the development of the relationship; and
- c. examines the impact of personal attitudes about race, culture and class on the development of the therapeutic relationship.

10. A written Clinical Competency Evaluation (CCE) will be completed by CCE panel members. This report will include descriptive feedback on the various clinical competency areas. This written evaluation will be signed by all panel members and placed in the student's file.

## **GUIDELINES FOR THE WRITTEN PORTION OF THE CLINICAL COMPETENCY EVALUATION**

The purpose of this case presentation is to assure the panel that you are able to conceptualize a clinical case intelligently. You may write from any theoretical orientation (most commonly psychodynamic or behavioral, and sometimes family systems), but be sure you can thoroughly conceptualize and discuss the case from that perspective.

When the reader finishes reading your report, he or she should have a sense of the assessment procedures you used, the conclusions you drew from the assessment, and how these led to treatment goals, the course of treatment, and the outcome. Remember that this should not simply be a listing of various techniques of treatment, but rather should reflect your knowledge of the person and how the relationship between the two of you influenced the course of therapy. We want to be sure that you are aware of yourself as a tool in the clinical process.

The case report should contain sufficient detail that another person who reads the report would feel ready to assume responsibility for the client. On the other hand, a book-length paper is not in order because you will spend an hour of the oral presentation talking about the case. Ten pages are usually sufficient.

It is not necessary that the case be one in which the outcome was brilliant. The panel will accept a case that falls short of perfection. But you should be prepared to discuss the reasons for problems and how you might correct them in the future. Also, be sensitive to any ethical issues that might have arisen in treatment.

On the department website, in the forms section, you will find two examples of case studies published in the journal, *Clinical Case Studies*. While the sections we require do not exactly match the sections in these journal articles, you may find the examples helpful nonetheless, as they provide a good sense as to the level of detail and quality of writing the panel is looking for.

**MEMORANDUM**

**TO:** Members of Clinical Competency Evaluation Panel for:

\_\_\_\_\_

(Student's Name)

**FROM:** \_\_\_\_\_

(Clinical Supervisor of Case to be Presented)

**DATE:** \_\_\_\_\_

**SUBJECT:** Student's Preparation for Clinical Competency Evaluation

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I am submitting this memorandum on behalf of \_\_\_\_\_(student) who has scheduled his or her Clinical Competency Evaluation. I have been supervising the selected clinical case since\_\_\_\_\_ and have worked closely with this extern in his or her treatment of this case. In my judgment, this case is a reliable and valid sample of his or her clinical work.

Further comments on the above named student and case, which might be beneficial to the members of the Clinical Competency Evaluation Panel:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Clinical Supervisor

\_\_\_\_\_  
Date

**CLINICAL PSYCHOLOGY DOCTORAL PROGRAM**  
*DEPARTMENT OF PSYCHOLOGY, LONG ISLAND UNIVERSITY*

**CLINICAL COMPETENCY EVALUATION (CCE)**  
**PANEL MEMBER REPORT/WORKSHEET**

Student Name: \_\_\_\_\_ Panel Member \_\_\_\_\_

**To Panel Members:** This evaluation form focuses more on the level of attainment of specific competencies than on ratings of personal characteristics of the extern. Please indicate whether you believe the extern has demonstrated the level of competence that could reasonably be expected of a student at his/her current level of training. Each competency is described below and has at least one subcategory to rate. We ask you to rate each subcategory on a Likert scale from 1 to 4. Each competency has at least one subcategory to rate. We ask you to rate each subcategory on a Likert scale from 1 to 4. Generally, the definitions for each point on these scales are as follows:

<b>Not Acceptable Below Minimal Level of Competence</b>	<b>Acceptable Level of Competence for Student Entering Fourth Year Training</b>	<b>Proficient Competence at a Level Acceptable for an Entry Level Professional</b>	<b>Outstanding Performance Competency at Level Expected for an Experienced Practitioner</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

More specific definitions of the scores for each subcategory are provided in each competency area. Written comments and descriptions in addition to the categorical ratings are particularly helpful in evaluating student progress. Thank you for your time and effort.

**FOUNDATIONAL COMPETENCY**

**Ethics. This area pertains to the application of ethical concepts and awareness of legal issues regarding professional activities. The essential component is knowledge of the principles of ethical practice and basic skills in ethical decision making and legal/regulatory issues.**

**Ethics 1. Student demonstrated the knowledge necessary to treat clients and other professionals in an ethical and legal manner. (Please circle one number.)**

Below minimal amount of knowledge necessary to treat clients and other professionals in an ethical & legal manner	Acceptable/basic amount of knowledge necessary to treat clients and other professionals in an ethical and legal manner	Proficient amount of knowledge for treating clients and other professionals in an ethical and legal manner	Outstanding amount of knowledge for treating clients and other professionals in an ethical and legal manner
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Comments:**

**Ethics 2. Student acted ethically in interactions with clients and other professionals. (Please circle one number.)**

Below minimum level of ethical behavior necessary for interacting with clients and other professionals	Acceptable/basic level of ethical behavior necessary for interacting with clients and other professionals	Proficient level of ethical behavior for interacting with clients and other professionals	Outstanding level of ethical behavior for interacting with clients and other professionals
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Comments:**

**FOUNDATIONAL COMPETENCY**

**Individual and Cultural Diversity.** This area pertains to awareness and sensitivity in knowledge about and working professionally with a client who represents a different cultural and personal background from the student. The essential component is an understanding of one’s own situation (e.g., one’s ethnicity, socioeconomic status, gender, sexual orientation; one’s attitudes towards diverse others) relative to dimensions of individual and cultural diversity.

**Individual and Cultural Diversity 1. Student demonstrated respect for those others who represent diverse backgrounds and experiences. (Please circle one number.)**

Below minimum level of respect expected for those others who represent diverse backgrounds and experiences	Acceptable/basic level of respect expected for those others who represent diverse backgrounds and experiences	Proficient level of respect for those others who represent diverse backgrounds and experiences	Outstanding level of respect for those others who represent diverse backgrounds and experiences
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Comments:**

**Individual and Cultural Diversity 2. Student demonstrated the ability to integrate their knowledge of diversity into their assessments and interventions. (Please circle one number.)**

Below minimum level of ability necessary for integrating their knowledge of diversity into assessments and interventions	Acceptable/basic level of ability necessary for integrating their knowledge of diversity into assessments and interventions	Proficient level of ability to integrate their knowledge of diversity into assessments and interventions	Outstanding level of ability to integrate their knowledge of diversity into assessments and interventions
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Comments:**

**FOUNDATIONAL COMPETENCY**

**Professional Development/Relationship.** This area pertains broadly to a commitment to lifelong learning, engagement with scholarship, critical thinking, and the development of the profession and one’s own clinical skills. This area also pertains to a capacity to relate effectively and meaningfully with colleagues (including panel members) and the client.

**Relationship and Professional Development 1: Student demonstrated effective therapeutic relationship skills. (Please circle one number.)**

Below minimum level of therapeutic relationship skills necessary	Acceptable/basic level of therapeutic relationship skills	Proficient level of therapeutic relationship skills	Outstanding level of therapeutic relationship skills
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Comments:**

<b>Relationship and Professional Development 2: Student demonstrated effective use of supervision. (Please circle one number.)</b>			
Below minimum use of supervision	Acceptable/basic use of supervision	Proficient use of supervision	Outstanding use of supervision
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Comments:</b>			
<b>Relationship and Professional Development 3: Student demonstrated ability to present case conceptualization material in writing. (Please circle one number.)</b>			
Below minimum level of ability to present case conceptualization material in writing	Acceptable/basic level of ability to present case conceptualization material in writing	Proficient level of ability to present case conceptualization material in writing	Outstanding level of ability to present case conceptualization material in writing
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Comments:</b>			
<b>Relationship and Professional Development 4: Student demonstrated competence in oral presentation of case material and responding to questions about the case and the student. (Please circle one number.)</b>			
Below minimum level of competence in oral presentation of case material and responding to questions about the case and the student	Acceptable/basic level of competence in oral presentation of case material and responding to questions about the case and the student	Proficient level of competence in oral presentation of case material and responding to questions about the case and the student	Outstanding level of competence in oral presentation of case material and responding to questions about the case and the student
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Comments:</b>			

**CORE COMPETENCY**

**Research and Evaluation. This area pertains to the citation of research support (quantitative or qualitative) that contributes to the psychotherapy knowledge base and evaluates the effectiveness of various therapeutic interventions. It incorporates understanding of a scientific approach to the selection of treatment models and the application of scientific methods to clinical practice.**

**Research and Evaluation Competency. Student demonstrated integration of the scientific, scholarly, and theoretical knowledge base to the conceptualization, treatment plan, intervention, and outcome evaluation for this case. (Please circle one number.)**

Below minimal amount of integration of the scientific, scholarly, theoretical knowledge base to the conceptualization, treatment plan, intervention and outcome evaluation for this case	Acceptable/basic amount of integration of the scientific, scholarly, theoretical knowledge base to the conceptualization, treatment plan, intervention and outcome evaluation for this case	Proficient amount of integration of the scientific, scholarly, theoretical knowledge base to the conceptualization, treatment plan, intervention and outcome evaluation for this case	Outstanding amount of integration of the scientific, scholarly, theoretical knowledge base to the conceptualization, treatment plan, intervention and outcome evaluation for this case
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Comments:**

**CORE COMPETENCY**

**Assessment. This area pertains to the assessment and diagnosis of problems and issues associated with the client. It incorporates diagnostic assessment skills concerning normal and abnormal behavior, use of interview and test methods, and communication of results of assessment activities.**

**Assessment. Student successfully integrated and communicated information from assessment sources in written and oral presentations. (Please circle one number.)**

Below minimum ability to integrate and communicate information from assessment sources in written and oral presentations	Acceptable/basic level of ability to integrate and communicate information from assessment sources in written and oral presentations	Proficient level of ability to integrate and communicate information from assessment sources in written and oral presentations	Outstanding level of ability to integrate and communicate information from assessment sources in written and oral presentations
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Comments:**

**CORE COMPETENCY**

**Intervention. This area pertains to interventions designed to alleviate suffering and to promote health and well-being. It incorporates knowledge of scientific, empirical, and contextual bases of intervention as well as knowledge of the value of evidence-based practice, its role in scientific psychology, and the ability to formulate and conceptualize cases. It also requires an understanding of the relationship between assessment and intervention, basic implementation of interventions, and consideration of the relationship between intervention progress and outcome.**

**Intervention: Student conducted therapy sessions with clients in a manner consistent with theory and practice presented in the case conceptualization and treatment plan. (Please circle one number.)**

Below minimum ability to conduct therapy sessions in a manner consistent with theory and practice presented in the case conceptualization and treatment plan	Acceptable/basic level of ability to conduct therapy sessions in a manner consistent with theory and practice presented in the case conceptualization and treatment plan	Proficient level of ability to conduct therapy sessions in a manner consistent with theory and practice presented in the case conceptualization and treatment plan	Outstanding level of ability to conduct therapy sessions in a manner consistent with theory and practice presented in the case conceptualization and treatment plan
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Comments:**

**PROFESSIONAL ROLE DEVELOPMENT – GLOBAL IMPRESSIONS**

**(Please circle one number.)**

<b>Not Acceptable, Below Minimal Level of Competence</b>	<b>Acceptable Level of Competence for Student Entering Fourth Year Training</b>	<b>Proficient Competence at a Level Acceptable for an Entry Level Professional</b>	<b>Outstanding Performance Competency at Level Expected for an Experienced Practitioner</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**Comments:**

**CLINICAL PSYCHOLOGY DOCTORAL PROGRAM**  
*DEPARTMENT OF PSYCHOLOGY, LONG ISLAND UNIVERSITY*

**CLINICAL COMPETENCY EVALUATION SUMMARY REPORT**

**\*\*TO BE COMPLETED BY THE CCE CHAIR\*\***

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

**PANEL MEMBERSHIP**

Chair: \_\_\_\_\_  
 (Signature)

Member: \_\_\_\_\_  
 (Signature)

Member: \_\_\_\_\_  
 (Signature)

Level of Performance:

Would you accept this student as prepared to enter a general, pre-doctoral internship program? Yes \_\_\_ No \_\_\_

Quality of Performance:

As an internship applicant, this student would be rated at a quality level of:

<b>PROFESSIONAL ROLE DEVELOPMENT – GLOBAL IMPRESSIONS</b>			
<b>(Please circle one number.)</b>			
<b>Not Acceptable Below Minimal Level of Competence</b>	<b>Acceptable Level of Competence for Student Entering Fourth Year Training</b>	<b>Proficient Competence at a Level Acceptable for an Entry Level Professional</b>	<b>Outstanding Performance Competency at Level Expected for an Experienced Practitioner</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

**COMMENTS:** (Regarding level, quality or both)

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## CONFIDENTIALITY AGREEMENT

To: CCE committee members

From: Eva Feindler, Ph. D. Program Director

Subject: Confidentiality

Date: June 1, 2011

On behalf of the Clinical Psychology Doctoral Program at CW Post/Long Island University I wish to express our appreciation and gratitude for assisting us in our efforts to promote the clinical competence and professional development of our students. Your service as a member of a Clinical Competency Evaluation (CCE) panel will fulfill a critical role in this process as you help us review and assess each student's clinical work. As part of this review you will be serving in the capacity of a consultant, which requires that you are privy to private and confidential information in oral, written, audio and possibly video forms. We therefore ask you to make sure that the confidential information you have made available to you will remain secure and protected and in conformity with the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association. In particular, standard 4.01 Maintaining Confidentiality: *Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.*

We also ask that you erase, destroy, or return the session audio/video recording following the CCE panel meeting.

Thank you again for your help and for your dedication to the development of our students.

Please sign below indicating that you have read this form and agree to the conditions. Return one copy to the CCE panel chair at the time of the CCE panel.

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Name

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Date