

Trainee Acknowledgment *PhD or PsyD Post-Doctoral Fellow*

Intuition Wellness Center is a training institution committed to making high quality clinical services and programs accessible to Southern Arizona children, young adults and their families. Intuition Wellness Center invites mental health professionals who are working toward their independent license to learn and serve with the clinical team.

Working with a trainee has many benefits. Clients of trainees receive a comprehensive team approach to treatment because practitioners in training receive a high level of supervision from experienced clinical team members at Intuition Wellness Center. Trainees are well-informed of the latest research and therapy approaches. Trainees also have smaller caseloads than their independently licensed colleagues at Intuition Wellness Center. This allows trainees to spend a significant amount of time developing treatment activities for their clients that will help them process experiences and learn coping skills in creative and interesting ways. Activities that trainees develop are created specifically with the client in mind, which will help keep therapy relevant and engaging.

By signing this document, I acknowledge understanding that:

- my/my child’s clinical team member is either a PhD Post-Doctoral Fellow or PsyD Post-Doctoral Fellow completing training to earn the highest level of licensure available in the state of Arizona. My/my child’s clinician is not yet independently licensed;
- my/my child’s clinical team member will be closely supervised. Supervision can involve direct observation of treatment sessions, review of taped recordings of treatment sessions, and frequent case consultation. Supervisors are fully aware of my rights and limitations to confidentiality; and,
- I may contact a supervisor at any time if I have concerns about my/my child’s treatment.

Yes, my/my child’s clinical team member has provided me with contact information for their direct supervisor who is independently licensed in Arizona.

I UNDERSTAND THAT MY TYPED NAME BELOW IN THE SIGNATURE LINE REPRESENTS MY ELECTRONIC SIGNATURE.

In the case of a minor, all parents/guardians are required to sign and date the Trainee Acknowledgment.

<hr/> Client Name	<hr/> Date of Birth	<hr/> Signature of Client (if client an adult)	<hr/> Date
<hr/> Parent/Guardian Name		<hr/> Signature of Parent/Guardian	<hr/> Date
<hr/> Parent/Guardian Name		<hr/> Signature of Parent/Guardian	<hr/> Date
<hr/> Team Member Witness Name		<hr/> Signature of Witness	<hr/> Date