

Verification of Professional Development Form

Student Name

Ethics Code Responsibility Verification

I have been informed that I can obtain access to the *Ethical Principles of Psychologists and Code of Conduct* (EPPCC) of the American Psychological Association via the APA web site. I understand that, as a graduate student in the field of psychology and a student in the TTU Doctoral Counseling Psychology Program, I am responsible for reading, knowing, and abiding by the EPPCC. I understand that throughout my training, it will be my responsibility to obtain, read, and follow the most current EPPCC as revisions are published. I further understand that violation of the EPPCC can jeopardize my status within the TTU Doctoral Counseling Psychology Program.

Signature of Trainee

Date

Insurance Responsibility Verification

I verify that I have been informed by the TTU Doctoral Counseling Psychology Program that I am required to obtain liability insurance for my involvement in clinical practicum training. I understand that, as a graduate student, I am not indemnified by Texas Tech University, Department of Psychological Sciences, or the Doctoral Counseling Program.

Signature of Trainee

Date

Program Manual Responsibility Verification

I have been given notice that the TTU Doctoral Counseling Psychology Program Handbook is available on the Counseling Psychology Website under "documents." I understand that I am responsible for reading, knowing, and abiding by the contents of the Handbook throughout my time in the Doctoral Counseling Psychology Program at TTU. I understand that the curriculum outlined in the Handbook is the one under which I must file by degree plan by the end of my first semester. Should there be a major revision of the Program curriculum after my degree plan is filed, I may be given the opportunity to adopt the new curriculum. I further understand that

non-curricular aspects of the Program that are described in the Handbook (i.e., non-course-related policies and procedures) may be changed while I am in the Program; such changes may apply to me, given reasonable notice. My signature below acknowledges my understanding and responsibility of the foregoing information.

Signature of Trainee

Date

Program Citi Training Verification

I have been given notice that I am required to complete training regarding the protection of human subjects during my first semester **prior** to beginning any human subject research-related activities. This training will be verified prior to iRIS account access being granted and **MUST** be completed and documented with the IRB **at least every three years**. Sign below once you have completed the training and received your certificate.

Signature of Trainee

Date