Augusta University – Medical College of Georgia Psychology Internship Policies Manual Updated – October 2026

I. ADMINISTRATIVE STRUCTURE

The Augusta University (AU) – Medical College of Georgia (MCG) Psychology Internship, hereafter referred to as the MCG Psychology Internship, offers a 12-month, full-time Internship in health service psychology. The Department of Psychiatry and Health Behavior functions within MCG and holds to the fundamental missions of the institution to provide high quality health care, education, and research/scholarship.

In September 2026, we were granted membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC). We are not APA-accredited.[1]

Under the direction of the Training Director and Associate Training Director, the Internship Core Committee manages the control, coordination, and administration of the MCG Psychology Internship in conjunction with relevant institutional, state, and federal policies. The Core Committee consists of the Internship Training Director, Associate Training Director, Seminar Directors, and the Overall Supervisors (one for each intern). At their discretion, the Training Director may appoint additional members to the Core Committee. Attendance at Core Committee meetings is encouraged by all supervisors but is required for Core Committee members. The Training Director and Core Committee direct all matters of principles, policies, and procedures. It is the Training Director's responsibility to ensure that the Internship principles, policies, and procedures are consistent with the principles, policies, and procedures of MCG/AU. In addition, the Training Director serves the executive functions of representing the Internship in all professional associations, guiding program evaluation and development, overseeing intern and faculty performance evaluations, and providing arbitration in matters of due process. If the Training Director cannot be available to participate in administrative meetings, the Associate Training Director will represent the internship.

Intern Participation in the Training Committee

A representative of the intern class is required to attend the Core Committee meetings. The intern representative provides updates regarding the training experiences of interns throughout the year, brings to the attention of the Core Committee issues or concerns pertaining to internship training, and assists in the discussion and implementation of curriculum changes. Core committee meetings are open to all interns during the initial portion of the Core Committee meetings unless otherwise indicated. The Core Committee excuses interns from a portion of each meeting when they discuss issues pertaining to specific interns.

[1] * For any additional information regarding the accreditation status of the internship contact the American Psychological Association, Office of Program and Accreditation, 750 First Street, NE, Washington, DC 20002-4242 (Phone 202-336-5979). **https://accreditation.apa.org/**

II. APPLICATION PROCEDURES

Selection of Interns

The MCG Psychology Internship is a proud member of APPIC. Our internship offers will be tendered through the APPIC National Matching program in strict compliance with the APPIC policy regarding internship offers and acceptances. Applicants are expected to conform their behavior to the requirements of this policy. AU/MCG is an Equal Opportunity Employer (See Section XII).

Internship faculty create initial rankings from standardized ratings forms through review of interview and application ranking information by track relevant faculty, overall supervisors, and the training director. It is the Training Director's responsibility to submit this rank list to the APPIC National Matching program.

Qualification Standards

Applicants are recommended to have completed at least three years of doctoral study with a minimum of 400 APPI Intervention hours and 40 APPI Assessment hours. If applicants have less than the minimum recommended hours but are otherwise a strong fit for the internship, they will be considered. Applicants must have completed their Master's Degree requirements (if applicable in their doctoral program), passed Comprehensive Exams (if applicable in their doctoral program), and have their Dissertation/Doctoral Project Proposal approved by the application deadline.

We prefer applicants from APA-accredited programs, but will consider applicants from unaccredited programs. We also prefer applicants with experience with at least one major personality measure (e.g., MMPI, MCMI, or PAI) and cognitive assessments measures (e.g., Wechsler scales, Woodcock-Johnson, Kaufman batteries). Finally, we prefer applicants with experience in the settings included in the internship (i.e., academic medicine or forensic setting/state hospital work settings).

Application Procedures

We will follow the current version of the APPIC Match Policies. Interns should review all APPIC materials as posted on their web site (http://www.appic.org/). We will use the APPIC standard application form. The deadline for receipt of application forms and associated materials is ***December 1st***. We encourage applicants to include a de-identified integrated assessment report be included as supplemental material in the application.

Financial and Administrative Assistance

The Internship provides stipends for all Intern positions and the amounts are subject to monies available. We strive to offer interns a livable wage. For the 2027-2028 internship year, the stipend will be $37,063. Interns are employees of Augusta University. Augusta University offers a variety of benefits that may be elected, including health insurance, dental insurance, life

insurance, and retirement plans, as well as earned vacation time, sick leave, and 13 paid holidays. All interns have their own personal computer workstations, storage lockers, phone access, and software to support statistical analyses (by request). Some rotations have interns share office space and use sign-in rooms for patient care activities while interns are privileged to have private offices at some locations. All supervising faculty/staff offices are on the training sites, insuring ready access for intern supervision. Access to conference rooms for seminars and workshops is readily available within the MCG/AU Health Sciences Campus. Faculty maintain and share

electronic and text resources for specific rotations with interns. MCG has extensive on-line journal access for the interns that includes hundreds of psychology and other mental health journals (including PsychARTICLES, PsychiatryOnline, Psychology & Behavioral Sciences Collection, Psychology Database, Psychotherapy.net, PsycINFO, MEDLINE, and PubMed). MCG also has a medical library that has broad reference and computer resources available for interns, as well as access to medical librarians. Psychiatry and Health Behavior Clinic, Family Medicine Clinic, and East Central Regional Hospital all maintain independent psychodiagnostic labs with a full complement of psychological testing materials that include intelligence, academic achievement, neuropsychological, and personality assessment instruments. The Training Director has a designated program coordinator for the program that assists all interns as needed. They are available to help interns obtain information pertaining to institutional procedures and resources as well as to assist in providing necessary office supplies.

Background Checks/Drug Screening

Human Resources performs security background checks and drug screens on Psychology Interns prior to the start of internship. Psychology Interns will be subject to random drug screening.

III. PROFESSIONAL ROLE OF INTERNS

The Internship expects Interns and Supervisors to adhere to the Ethical Standards of Psychologists and Code of Conduct (as adopted by the APA on June 1, 2003 and amended in 2010 and 2016). In addition, the Internship expects interns to adhere to the Code of Student Conduct for Augusta University. See the Augusta University Student Code of Conduct at https://www.augusta.edu/student-life/conduct/. Most importantly, Interns and Supervisors alike are to create and maintain a culture of respect and mutual support in the training of interns and the provision of care for the individuals receiving clinical care.

The Core Committee must approve any outside professional activity by interns during the period of the Internship

Interns must complete notes in the appropriate chart for each visit or consultation. Interns must sign all notes, which an appropriate faculty member then countersigns. Maintenance of timely chart notes and appropriate billing encounter forms represents an important responsibility of the Intern. Tardiness of three days or greater in completing chart notes could result in "Probation Status" for the Intern and denial of leave requests until charting problems have been corrected.

It is inappropriate for Interns to be called "doctor" unless they have completed their graduation requirements and received their Ph.D. or Psy.D. Faculty and interns will make efforts to help others to understand their credentials.

The Internship will not ask Interns to rate or formally play a role in the selection of applicants to the Internship. However, Interns are encouraged to talk with applicants during the interview

process to help applicants gain perspective on what it is like to be an intern within this internship. This opportunity is voluntary and is non-evaluative for both interns and applicants.

Generally, office hours for the Internship at MCG training sites are 8:00 a.m. to 6:00 p.m. Monday through Friday. Work for a particular rotation will fall within these times. However, the intern's professional responsibilities may at times extend the workweek beyond its customary hours. The internship will provide Interns with at least two hours of protected time daily for documentation, institutional responsibilities, reading, etc.

IV. SUPERVISORY ROLES AND RESPONSIBILITIES

1. **Overall Supervisor**- The Internship provides an Overall Supervisor (OS) for each intern prior to the beginning of the internship. The OS is an advocate and a potential mentor, responsible for assisting and supporting the Intern throughout the training year. At the beginning of the year, the OS and Intern meet to discuss the Intern's unique educational needs, goals, and interests, which informs a yearlong training plan and strategy. Throughout the training year, the intern and OS revisit and revise this strategy based on new training goals and interests. The OS assists the Intern in keeping track of programmatic requirements, supports the Intern as they progress through key milestones, and helps the Intern navigate potential personal and professional challenges of the internship year.

   The OS should meet with the Intern on a formal basis at least one time each month. Additionally, the OS is required to attend training meetings/events, including Core Committee Meetings, Curriculum Review Meeting, Clinical Cultural Competence Workshop, End of Rotation Evaluation Meetings, and Supervisor Retreat. Throughout the training year, if training issues emerge, the TD will address these with the OS and Core Committee to plan effective educational interventions. The OS plays an important role in Due Process and Intern Grievance Process procedures (see below).

2. **Mentor** – Based on professional interests, the Intern may choose a faculty member to function as a non-evaluative mentor through formal or informal processes. The internship offers a formal Mentorship Program. The vision of this program is to offer interns access to mentorship on a wide range of topics that uniformly prioritizes discussions of positionality within the mentorship experience. Participating in the Mentorship Program is optional. Interns can select faculty members to serve as mentors in addition to, or in lieu of, a mentor identified through the Mentorship Program.

3. **Rotational Supervisor** – Rotational experiences reflect the educational core of the Internship. The 12-month training year is divided into three four-month rotations, each designed to expose Interns to a wide variety of patients with all types of diagnoses at varying levels of acuity and to provide emphasis training in an area of interest to the Intern. Throughout the year, one day or more a week is set aside for emphasis track training, enabling a continuity of training experiences in the area of the Intern's emphasis interest.

There are two rotations required of all Interns: (1) The General Practice Rotation and (2) the Integrated Health Psychology Rotation. Track Rotations and weekly track day are devoted to emphasis training. Interns select one emphasis track in which the training will occur during a 4-month rotation and each Wednesday of the week (for the entire year). Subject to funding availability, Interns are to select from the following *four* Track choices:

1) Child and Family Track
2) Forensic Track
3) Health Psych – Chronic Illness Track
4) Health Psych – Integrated Primary Care Track

The Rotational Supervisor is responsible for establishing and communicating clear educational goals for the rotational/track experience, identifying and delegating appropriate clinical assessment/treatment cases for the Intern, supervising all Intern clinical/professional activities on the rotation, maintaining on-site presence during all Intern clinical encounters, verifying the accuracy and timeliness of all clinical documentation, and providing routine verbal and written feedback (via program approved evaluations tracking) regarding the Intern's rotation performance. At all times, it is required that there be an onsite supervisor available for emergent concerns. It is required that the Rotational Supervisor and Intern have a relatively formal discussion of the Intern's progress every 6-8 weeks. Each Rotational Supervisor must complete the rotational evaluation of each intern after discussion between the Supervisor and the supervisee concerning the evaluation of the Intern's performance, which informs changes in the individual learning plans built into the rotation experiences. The Internship emphasizes the following supervisory activities: A) Conjoint clinical/professional activities in which the Intern can observe the Supervisor in action; B) Supervision of "live sessions" via in-person, telehealth modalities, closed circuit television, and/or video/audio recordings; C) Use of consultation and therapy logs to monitor treatment plans and implementation, and; D) Provision of a bibliography with continually updated research-oriented articles and articles specific to the cultural issues relevant for the clinical populations served.

4. Case/Research Supervisor – The Intern may seek out or be assigned Faculty Members for supervision around specific cases or research projects. The Case/Research Supervisor, though not responsible for most of the Rotational experiences, would be responsible for the appropriate supervision of the case or research project and must provide feedback to the Internship.

During the internship year, interns are required to receive four hours of supervision weekly. Interns are required to receive at least two hours of individual supervision per week in person from rotational or case supervisors. When appropriate, supervisors may conduct additional individual supervision via telesupervision (see below). Of the required four hours of supervision, interns may receive two hours of group supervision per week. At least one of these group hours must be in person and additional hours may be virtual.

Telesupervision Policy

Rationale and Policy Standards

As the health system spans several facilities and supports a wide range of individuals, the need for virtual connectivity has been growing in demand. The growth of telehealth services to patients has long been a part of clinical care, and the COVID-19 pandemic allowed many more trainees to engage in this technologically advanced service delivery medium. Since trainees physically round at several different locations, there can be a need for virtual synchronous video supervision. Immediate access to supervisors via virtual modalities is consistent with the oversight expectations that we have come to expect in the internship. Furthermore, the use of technology through telehealth services and telesupervision is consistent with the overall training goals of training in implementation of essential practice skills in key field settings (i.e., telehealth and telesupervision are common implemented in the field of psychology) and training in the provision of care for underserved populations and areas (i.e., use of technology to expand the reach of services).

Definitions:

In-person supervision is supervision of psychological services where the supervisor is physically in the same room as the trainee.

Telesupervision is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee.

Additional Definitions:

The **primary supervisor** is a licensed mental health professional (typically a licensed psychologist) that has full responsibility for patient care, diagnosis, and treatment planning related to the intern's clinical work. They have regularly scheduled meetings with the intern and directly observe examples of the interns work with patients.

A **secondary supervisor** is an individual that can provide additional supervision and assistance to the intern. They can be available to intervene in a crisis if immediate intervention is necessary when the primary supervisor is not available. Examples of secondary supervisors include psychologists that are not acting as a primary supervisor for an intern, masters level clinicians, and physicians.

APA:

Internship programs: APA requires a minimum of four (4) hours of weekly supervision for interns. Two (2) must be individual supervision and the additional two (2) can be any combination of individual or group supervision.

State Licensing Boards:

GA Board of Psychology outlines rules governing training in the State of Georgia. Information can be found at: https://rules.sos.ga.gov/gac/510. Supervisors and Interns should review and understand regulations noted within Ga. Comp. R. & Regs. r. 510-2-.04 Education AND 510-2-.05 Internship and Postdoctoral Supervised Work Experience. Pertinent regulations include:

- An internship supervisor or secondary supervisor must be on site to intervene in a crisis requiring immediate attention.

- The internship supervisor must meet at least two hours per week in regularly scheduled, individual, in person, contact with the intern to review psychological services rendered directly by the intern.

Implementation of Telesupervision

The Internship strives to use in-person supervision as a first option in all supervision settings. However, there are situations where telesupervision is the most practical option (e.g., primary supervisor with expertise in a given area is offsite; telesupervision would significantly reduce burden of travel for intern and/or supervisor to meet in person; services are solely over telehealth for a given clinical experience; health concerns related to in person contact). This telesupervision policy is in alignment with APA's requirements regarding in-person vs. virtual for supervision.

During the internship year, interns are required to receive 2 hours of individual supervision per week *in person*. Interns are required to receive a total of 4 hours of supervision per week. The 2 additional hours of supervision may be in person or virtual, when appropriate, and may be group or individual.

For patients that are seen in-person, an onsite supervisor (primary or secondary) must be available to intervene in a crisis requiring immediate attention. For patients that Interns see through telehealth, the supervisor may be at another physical location, but must be immediately available either through virtual means. The primary supervisor, even if offsite, maintains full professional responsibility for clinical cases, just as in in-person supervision.

Selection of Telesupervision based on Trainee Competency:

Interns will always meet in person initially with a supervisor to establish a relationship at the onset of the supervisory experience. If telesupervision is being considered after an initial meeting(s), the supervisor and TD will discuss the selection of trainee involvement in telesupervision. Not all trainees will be appropriate for telehealth and/or telesupervision. A trainee that needs higher oversight (e.g., identified competency concerns), trainees who have greater difficulty with self-initiative (e.g., proactively reaching out to supervisors, problem-solving technology issues or other issues), and trainees with accessibility issues related to technology are less likely to be a good fit for telesupervision. Notably, issues that would make a trainee a poor fit for telesupervision may emerge during telesupervision and the supervisors should continually assess this through their observations as well as direct conversations with the intern about the effectiveness of telesupervision. Circumstances that would lead to switching to in person from telesupervision include consistent technology barriers, poor engagement in telesupervision meetings, competency concerns that require increased direct supervision, relational strains or ruptures in the supervision relationship, or other significant concerns related to telesupervision identified by the intern, supervisor, or TD.

With the implementation of telesupervision, the internship and supervisor(s) ensure the following:

1) Clearly identified emergency procedures in case of patient crisis (intern must additionally

be aware of how to utilize emergency procedures both onsite and in the case of telehealth).
2) Identification of how to achieve observation of clinical encounters.
3) Identification of onsite or virtual supervisor ensured availability, and multiple ways to contact is important and should be delineated.
4) Ensuring the trainee has ability to access the supervisor in between one-to-one scheduled supervision sessions via email, video call, the electronic medical record, and/or phone (with back-up plan).
5) Exclusive use of approved HIPAA compliant methods for patient care and supervision to assure privacy and confidentiality of the client and intern. Identifying available backup measures for technology failures.
6) Ensuring the supervisor(s) continue to give timely and meaningful feedback to the trainee, which can be particularly important given the physical distance between the trainee and supervisor.
7) Being thoughtful in selection of supervisors to engage in telesupervision. Supervisor(s) should be comfortable with the use of technology, be proactive in their engagement with trainees (e.g., available in between supervisory sessions, reaching out to trainees to check-in rather than passive, responsive to electronic communications), be willing/flexible to adapt to telehealth and telesupervision, and be engaged in lifelong learning opportunities related to telesupervision. Selection of appropriate supervisors for telesupervision is determined through a formal conversation with the TD considering the above factors.
8) Interns inform supervisor(s) of scheduled patient sessions to ensure supervisor(s) can be available for consultation.
9) Engaging in regular discussion regarding the supervisory relationship, including addressing rapport, goals for supervision, diversity, equity, inclusion, and accessibility issues, competency-based feedback for both the training and supervisor, and formal evaluation of the supervisory experience. Issues are dealt with proactively as they identified.
10) Interns inform the supervisor and TD if the format of supervision is not meet training needs.

The Internship abides by the RULES OF GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS specifying that for Internship and Postdoctoral Supervised Work Experience. Specifics of these laws and regulations are available here: https://rules.sos.ga.gov/gac/510

Faculty Supervisors or Interns that do not uphold these standards of behavior are subject to review processes as described in the Evaluation and Grievances section of this policy manual.

V. EVALUATION AND GRIEVANCES

Due Process:

General Guidelines

Due process ensures that decisions about Interns are not arbitrary or personally based. It requires that the Internship identify specific evaluative procedures that to apply to all trainees, and provide appropriate appeal procedures available to the Intern. It is the intent of the program, however, to identify and resolve problems at the lowest level (typically with rotational supervisors or the OS) whenever possible. If this less formal process is unsuccessful, then the Internship will follow formal due process procedures. During the orientation period, the TD will present this information to the Interns, in writing, about the program's expectations related to professional functioning. The TD has the responsibility to document and implement all due process steps.

General due process guidelines include:

- Procedures for evaluation, including when and how the Internship will conduct evaluations and the intervals at which they will occur during the training year.
- Procedures and actions involved in making decisions regarding identification of problematic behavior or deficits in competencies.
- Communication of any identified concerns with graduate programs about any suspected difficulties with Interns and when necessary, seeking input from these academic programs about how to address such difficulties.
- A remediation plan will be implemented for identified inadequacies according to the remediation guidelines, including a time frame for expected remediation and consequences of not fully addressing the inadequacies.
- The internship will provide written procedures to the Intern that describes how the Intern may appeal the program's action on any decision to implement remedial efforts. Such procedures are included in this policies manual, which the TD provides to Interns and reviews during orientation.
- Ensuring that Interns have sufficient time to respond to any action taken by the program.
- Using input from multiple professional sources when making decisions or recommendations regarding the Intern's performance in competencies or professional behaviors.
- Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Evaluation Procedures

The internship makes evaluation and grievance procedures available to each intern at the beginning of the Internship. The TD schedules formal evaluation meetings for each intern at the end of each rotation (4, 8, and 11.5 months). At the end of each 4-month period, faculty supervisors complete an Intern Rotation Evaluation, which the TD will also review. Supervisors should report problems to the TD in a timely manner and supervisors are encouraged to discuss them during the monthly Core Committee meetings. Interns will complete Supervisor evaluation

forms every 4 months, which the TD also reviews. The Internship makes use of the following evaluation components in efforts to achieve its aim:

1. **Formative and Summative Rotation Evaluations.** Each rotation supervisor completes the Formative Intern Evaluation as it relates to progress toward profession wide competencies every four months. These evaluations serve as an official report to the Core Committee, as well as a guide for a feedback discussion with each intern about their work during the rotation. The Formative Intern Evaluation does NOT serve as the determinant of progress towards the Minimum Level of Achievement (MLA) for interns at each rotation. At the end of each rotation, the Core Committee meets to review the Formative Intern Evaluations for each intern, as well as gathering subjective feedback from Seminar Directors and other faculty members that have interacted with the interns. Through this meeting, the committee determines the ratings on the Summative Rotation Evaluation on each profession wide competency. The Summative Rotation Evaluation serves as the official record of the intern's progress towards MLAs at the end of each rotation. The MLAs at the end of rotation are the following:
    a. Level 3 - Developing Competence: Minimal Level of Achievement (MLA) at end of first rotation of training program; routine supervision required on most cases.
    b. Level 4 - Intermediate Competence: Minimal Level of Achievement (MLA) at end of second rotation of training program; routine or minimal supervision required on most cases
    c. Level 5 - Proficient Competence: Minimal Level of Achievement (MLA) at completion of training program; ready for entry-level practice[1]

    Failure to meet the MLA for any rotation initiates due process as outlined below. Following the completion of the Summative Rotation Evaluation, the OS and TD meet with the intern to review the results, gather intern feedback, check-in on the intern's overall progress, and make any necessary adjustments to their learning plan.

2. **Milestones.** Interns are required to meet several milestones across the year to complete the internship. This is tracked through a log and is required to be updated on a weekly basis by interns. The TD reviews and provides monthly feedback to interns and the Core Committee on intern progress toward goals. Furthermore, the final review of the Milestones standards sheet in the excel log is completed by the site TD and is stored in Intern Files for future reference if needed. Please see the TIME AND PERFORMANCE REQUIREMENTS section below.

3. **Diagnostic Intake Assessment.** At the end of the first rotation, Interns are required to have satisfactorily completed a Diagnostic Intake Assessment examination. Each Intern presents a video/live observation of a new patient assessment to two supervisors or

1 Ready for entry-level practice is defined as (IR C-8 I): 1. the ability to independently function in a broad range of clinical and professional activities; 2. the ability to generalize skills and knowledge to new situations; and, 3. the ability to self-assess when to seek additional training, supervision, or consultation

presents two separate new patient assessments (via video or live) to the same supervisor. Following the viewing of the video, the Intern is expected to provide:

a. A concise and organized summary of the key information pertinent to the case.
b. An assessment plan that included key additional data needed to form an effective "theory of the patient" - that may involve a proposal for psychological testing that could provide valuable information in this process.
c. A "theory of the patient" that formed both a descriptive and etiological understanding of the patient's key problems and relevant strengths. This formulation should include relevant constructs pertaining to the social/cultural context of the key issues at hand and the biopsychosocial contributing factors.
d. A treatment plan that addresses the key biopsychosocial contributing factors and that addresses the life goals that form the basis for an appropriate recovery/wellness plan.

An adapted version of the AADPRT Clinical Skills Verification Examination Form CSV.3 is used to rate the assessment performance. Faculty discuss results of the DIA with the intern and submit their findings to the TD for placement in the Interns' files. The TD reviews all the evaluations of interns from assigned faculty.

4. **Contextual CBT Therapy Rating Scale.** As part of the Diagnostic/Treatment Seminar all interns must successfully conduct a Cognitive-Behavioral Therapy (CBT) Session judged by the two faculty/supervisors as "good" on the question, "How would you rate the clinician overall in this session, as a CBT therapist?" as part of the Contextual CBT Therapy Rating Scale. Supervisors review results of the session evaluation with the intern and complete the evaluation form via an electronic evaluation system, which the TD also reviews.

5. **Midyear and End of Year Reviews.** At the end of six and 12 months, the TD will review the compilation of information from rotation performance evluations, feedback from seminar directors and the overall supervisors, and feedback from interns. The TD will summarize the findings of the Midyear and End of Year Reviews in letters sent to the Graduate School Training Director of the respective Intern. The TD gives the intern a copy of the letters.

6. **Research Paper Evaluation.** Interns must complete one research-scholarly project in which there is a written product authored or co-authored by the intern by May 1st of the training year. Two faculty members not directly involved in the research judge the proficiency of the research-scholarly product using the Evaluation of Intern Research Paper form. The TD reviews these evaluations and provides the results, including qualitative feedback that may be used to aid in preparing the manuscript for publication, to interns.

7. **Intern Disagreement with an Evaluation of their performance.** An intern who disagrees with an evaluation in any of the above may have this noted in their file with a

written rebuttal. If they wish to file a formal grievance, they should use the process outline below under Intern Grievances and Due Process.

8. **Evaluation of the Internship and Faculty by Interns.** The Internship continually seeks to improve the training program curriculum and faculty performance and implements several mechanisms to gather proximal and distal feedback.
    - At the end of each 4-month rotation, the Interns complete evaluations of their supervising faculty using the **Trainee Evaluation of Supervisor and Rotation Experience** form. This formal evaluation procedure provides feedback to rotation supervisors regarding the overall quality of the training experience for the rotation as well as Intern recommendations regarding potential enhancements to the training experience. Further, this provides proximal data pertinent to faculty performance but also data relevant to the overall effectiveness of the training program.
    - At the midyear point and at the end of the training year, Interns participate in group verbal feedback about their overall perception of quality of their training. They may also elect to submit feedback in written form to the TDs for review. The content and format of the Interns' written and/or verbal feedback is at the discretion of the Intern class members but is in part aimed at helping Interns to enhance their program assessment and feedback skills. The training director submits a report of the intern feedback to the full Core Committee.
    - At the end of the training year, Interns are required to complete an evaluation of Seminar faculty and seminar experiences. This evaluation provides an opportunity for interns to provide anonymous feedback on each seminar faculty member; the TD shares this date with faculty in aggregate after the conclusion of the training year and seminar directors use it to enhance programming around seminar experiences.
    - At the completion of the year, the TD reviews all evaluation forms and provides aggregate feedback to Core Committee and supervisors. The TD reviews and disseminates feedback for the purposes of continued process improvement and sustaining high quality experiences with high quality faculty. Evaluation data may be used to evaluate faculty performance, for annual job reviews, and for departmental excellence in education awards. Faculty receive this information in aggregate once they have ratings from at least three interns and use it as a basis for improvement.
    - **Clinical Psychology Internship Exit Survey.** At the end of the internship year, interns complete the Clinical Psychology Internship Exit Survey, which provides proximal data to inform ongoing program improvement and development.
    - Approximately one-year post-internship, the TD asks interns to complete the **Post-Internship Overall Training Evaluation**, which provides distal data to inform ongoing program improvement and development.

<u>Due Process: The identification and management of Intern problems</u>

I. Procedures for Responding to Identification and Management of Intern Inadequate Performance and Problematic Conduct by an Intern

If an Intern receives performance evaluations (formally or informally) that reflect significant deficits in any of the competency requirements for the internship, or if a supervisor has concerns about other Intern problems, then the Internship will initiate the following procedures:

1. The supervisor will consult with the TD and/or Core Committee within 5 business days of the identified issue to determine if there is reason to proceed with further remediation (see below) and/or if the intern is appropriately addressing the behavior in response to verbal feedback from the supervisor. The TD and/or Core Committee will consider the following when determining if an issue needs further remediation include: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning. Additional considerations may include one or more of the following:
   - The Intern does not acknowledge, understand, or address the problem when it is identified;
   - The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
   - The quality of services delivered by the Intern is significantly negatively affected;
   - The problem is typically not restricted to one area of professional functioning;
   - A disproportionate amount of attention by training personnel is required; and/or
   - The Intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
2. If the performance issue is determined to warrant follow up, the TD, supervisor, OS, and/or Core Committee will meet within 5 business days to discuss possible courses of action.
3. After this discussion, the intern will have a formal Hearing with the Core Committee within 5 business days where the identified intern has an opportunity to hear and respond to concerns prior to final decisions being made about the course of action.
4. Within 5 business of the hearing, the TD will make a decision in consultation with the supervisor, OS, and/or Core Committee about next steps, the TD will inform the Intern and will meet with the Intern to review the decision. This meeting may include the Intern’s OS; at a minimum, two faculty members should be present during this meeting. The TD may communicate any formal action taken by the Training Program to the Intern’s graduate school’s training director. This notification indicates the nature of the concern and the specific steps implemented to remediation and/or address the concern.
5. The Intern may choose to accept the conditions or may choose to appeal the steps recommended by the TD and/or Core Committee. Appeals should be initiated within 10 business days of receipt of the programs decision in step 4. The Intern has the right to

appeal the decision to the decision to the Chief of the Psychology Division. The intern may choose to continue appealing the decision up through the administrative chain of command all the way to the President of Augusta University's office.

II. Remediation

It is important to have meaningful ways to address clinical or professional deficits or problematic behaviors. In implementing remediation interventions, the Internship must be mindful and balance the needs of the identified Intern, patient care, members of the Intern training cohort, the internship faculty, and other agency personnel. Typically, concerns will be addressed with the lowest level of outlined options listed below, but the gravity of the concern brought forward may warrant combining multiple steps or moving to a more serious intervention at the discretion of the TD. The TD can share Information regarding any form of remediation with the Intern's graduate program; however, the TD will notify the TD at the time of this disclosure.

In the case of an issue requiring a formal remediation plan (including Steps 2 – 6 below), detailed written feedback will be provided to the intern by the TD. This written feedback will include 1) a list of competencies not meeting the minimum levels of achievement for the internship, 2) description of the problem behavior(s) 3) dates and individual(s) who informed the trainee of the problem, 4) expectations for acceptable performance, 5) actions already taken by supervisor(s) and/or the internship to address the problem, 6) actions already taken by the trainee to address the problem(s), 7) intern responsibilities and actions going forward, 8) supervisor/internship responsibilities and actions going forward, 9) intern identified needs to promote successful completion, 10) any adjustments or restrictions made to the original training plan, 11) timeframe for acceptable performance, 12) Assessment methods for determining the successful completion of the plan, 13) dates for reviewing and updating the plan, 14) consequences for unsuccessful remediation, and 15) signature of intern, TD, and OS. At each review period (step 13 above), the intern will receive written feedback on the extent to which corrective actions have or have not successful in addressing the issue of concern. Depending on progress, the intern will received written notification that the remediation plan has been modified, successfully completed, or unsuccessful.

1. Verbal Warning to the Intern emphasizes the need to address the behavior under discussion. Whenever possible, the warning will tie feedback to specific competencies and/or ethical standards. Rotation or overall supervisors or the TD may issue a verbal warning.

2. Written Acknowledgment to the Intern formally acknowledges that the Internship TD is aware of and concerned with the Intern's performance; that the concern has been brought to the attention of the Intern; that the TD and other internship faculty will work with the Intern to rectify the problem or skill deficits; and that the behaviors are not significant enough to warrant more serious action.

3. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the Intern to a more fully functioning state. Modifying an Intern's schedule is an accommodation made to assist the Intern with the full expectation that the Intern will complete the Internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These may include increasing the amount of supervision, either with the same or other supervisors; increased observation of the Intern via live therapy, recorded sessions, etc.; change in the format, emphasis, and/or focus of supervision; recommending personal therapy; reducing the Intern's clinical or other workload; and requiring specific didactic activities. The TD will determine the length of a schedule modification period in consultation with the OS and the Core Committee. The termination of the schedule modification period will be determined, after discussions with the Intern, by the TD in consultation with the OS and the Core Committee.

4. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the Intern to complete the Internship and to return the Intern to a more fully functioning state. Probation defines a situation where the TD systematically monitors for a specific length of time the degree to which the Intern addresses, changes and/or otherwise improves the behavior associated with the inadequate performance. The TD informs the Intern of the probation in a written statement that includes the specific behaviors associated with the unacceptable performance; the recommendations for rectifying the problem; the period for the probation during which the Intern should resolve the problem; and the procedures to ascertain whether the problem has been appropriately resolved.

   If the TD determines that there has not been sufficient improvement in the Intern's behavior to remove the Probation or modified schedule, the TD will discuss with the OS and the Core Committee possible courses of action to be taken. The TD will communicate in writing to the Intern that they have not met the conditions for revoking the probation or modified schedule. This notice will include the course of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified period or implementation of another alternative.

5. Suspension of Direct Service Activities requires a determination that the Intern's behavior poses a clinical safety issue. Therefore, the TD, in consultation with the OS and Core Committee, will suspend direct service activities for a specified period. At the end of the suspension period, the Intern's supervisors in consultation with the TD will assess the Intern's capacity for effective functioning and determine when the Intern can resume direct service.

6. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the Internship, this will be noted in the Intern's file and the Intern's academic program will be informed. The TD will inform the Intern of the effects the administrative leave will have on the Intern's stipend and accrual of benefits.

7. Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable period, rectify the problem and the trainee seems unable or unwilling to alter their behavior, the TD will discuss with the OS and Core Committee the possibility of termination from the training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor, or the Intern is unable to complete the Internship due to a physical or psychological condition. When an Intern has been dismissed, the TD will communicate to the Intern's graduate school's training director that the Intern has not successfully completed the Internship.

III. Intern Grievances and Due Process

A. Grievances filed by Interns against Faculty or the Program

An Intern may encounter difficulties or problems with an overall supervisor, rotation supervisor or case supervisor, or the TD, or has other grievances about training their training. Other grievances may include (but are not limited to) poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, rotational assignments, other staff or Intern conflicts, disputing a remediation plan, inadequate/unethical behavior in a supervisor. In these situations, we hope that the parties involved can discuss and resolve the concerns/complaints. Nevertheless, a formal mechanism is appropriate given the power differential between supervisory staff and Interns and for occasions when informal resolution is not possible.

B. Responding to Intern Grievances against Faculty or Program

1. If an Intern is unable to approach a supervisor for reasons such as concern about power differential, or is unable to resolve a concern or complaint through an informal discussion with the parties involved, the Intern should:
    a. Discuss the matter with the OS. The OS may facilitate and empower the Intern's efforts to resolve the matter independently and/or may mediate in a problem negotiation discussion with all parties involved. However, if the Intern prefers not to speak directly to the other parties involved, the OS may, with the Intern's consent, choose to discuss the matter on behalf of the Intern without the Intern present. If a concern has substantially harmed or is likely to substantially harm a

person or organization, the Intern or OS should contact the TD in a timely fashion, which may result in referral to the appropriate institutional or outside authorities for further resolution.

b. If the OS cannot resolve the matter, is unavailable, or the OS is the supervisor in question, the next level of recourse is the TD. The TD may facilitate the Intern's (and possibly OS's) efforts to resolve the matter independently, may mediate in a problem negotiation discussion with all parties involved, or if requested by the Intern, may discuss the matter on behalf of the Intern without the Intern present. If the TD determines that the problem involves serious inadequate performance or unethical behavior by a supervisor, then the TD will follow the steps outlined below in Section C.
c. If the TD cannot resolve the matter or if the alleged behavior, if proven, would constitute a serious training/ethical violation, the TD will inform the parties of the complaint within five working days and request written documentation from the Intern and the other parties involved delineating their perspective on the matter. Within five working days of receiving the written documentation, the TD will formally present the matter to the Core Committee for discussion.[2]
d. If a formal presentation of the Intern grievance is made to the Core Committee, all parties involved have the right to review written documentation and have the opportunity to dispute or explain the behavior of concern in formal Hearing.
e. For the Intern grievance deliberations by the Core Committee, the committee develops written recommendations for resolution of the matter based on a majority vote. The Core Committee deliberations and vote will exclude all parties involved in the dispute. Within five working days of receipt of the written recommendation, the TD will present the recommendations to the parties involved. If the Intern disputes the Core Committee's decision, the Intern has the right to appeal the decision to the administrative supervisor of the faculty member. If the grievance is with the Internship program itself, then the intern may appeal the decision to the Chief of the Psychology Division. Appeals should be initiated within 10 business days of a decision. The intern may choose to continue appealing the decision up through the administrative chain of command all the way to the President of Augusta University's office, although it is expected that most grievances can and will be managed at a lower level.

C. **Responding to Inadequate Performance or Unethical Behavior by Faculty**
If a Faculty Supervisor does not uphold the standards of conduct stated in the **SUPERVISORY ROLES AND RESPONSIBILITIES** section, or Intern evaluations of the Faculty Supervisor demonstrate a pattern of inadequate performance, or if there is any evidence of significant problems from any evaluation source the TD will initiate the following :

2 *If a concern has substantially harmed or is likely to substantially harm a person or organization, the TD may refer the situation to the appropriate institutional or outside authorities for further resolution instead of or in addition to the procedures outlined here.*

1. The individual(s) that has identified a potential Faculty Supervisor problem will consult with the TD and Associate TD to determine if there is reason to proceed and/or if they are rectifying the behavior in question. If the matter pertains to the behavior/performance of TD, the individual would address the issue with the Associate TD or the Chief of Psychology. If the matter pertains to the behavior/performance of Associate TD, the individual would address the issue with the TD and Chief of Psychology.
2. If the TD determines that the alleged behavior in the complaint may represent a performance problem but not a serious ethical violation, then the TD and Associate TD will attempt to address the matter informally with the Faculty Supervisor.
3. If the TD determines that the Faculty Supervisor problem entails a possible violation of institutional standards, then the TD will take the necessary steps to inform the appropriate institutional authorities for additional review. The TD will abide by any Georgia Board of Psychology requirements for reporting violations of law.
4. The TD will present a potential Faculty Supervisor problem for review by the Core Committee under either of the following conditions:
    a. If proven, the problem would constitute a serious ethical violation.
    b. Informal meeting(s) and corrective actions with TD and Associate TD have failed to correct the problem.
5. If review by the Core Committee is required, the guiding principles in these deliberations and subsequent proposed actions will be the following:
    a. The highest priority will be to protect any Interns who the Faculty Supervisor's behavior could potentially affect. In consideration of efforts to correct the specific problems posed by a Faculty Supervisor, the Core Committee will attempt to avoid imposing corrective actions that might have undue disruptive effects on supervision or other training activities.
    b. The Core Committee will also act to protect the integrity and quality of the Internship. In the event that corrective efforts with a Faculty Supervisor do not successfully resolve the matter, the TD has the authority to recommend to the division chief/department chair that a Faculty Supervisor immediately be removed from participation in the internship, either temporarily or permanently. The TD also has the authority to reassign interns to work with different supervisors without additional administrative approvals.
    c. The Core Committee will make reasonable efforts to restore the Faculty Supervisor to their effective level of performance in their respective internship training activities. Therefore, the Internship considers the action to recommend suspension of a Faculty Supervisor from internship training activities a measure of last resort in resolving a Faculty Supervisor's problems.
6. Whenever TD and Core Committee reach a decision about corrective action for a Faculty Supervisor, the TD and Associate TD will inform the Faculty Supervisor in writing and will meet with the Faculty Supervisor within five working days of the decision to review the decision. The Faculty Supervisor may choose to accept the conditions or may choose to challenge the action. If the Faculty Supervisor wishes to dispute the Internship's decision, the Faculty Supervisor has the right to address the Core Committee with their

rebuttal and has the right to contact the Chief of the Psychology Division to appeal the decision. The faculty member may choose to continue appealing the decision up through the administrative chain of command all the way to the President of Augusta University's office, although it is expected that most grievances can and will be managed at a lower level.

VI. REQUIRED SEMINARS AND OTHER PROFESSIONAL EXPERIENCES

Seminars. Required seminars are the Diagnostic/Treatment Seminar, the Psychotherapy Seminar, Professional Issues Seminar, and Grand Rounds. Attendance is required. In addition, for the Diagnostic/Treatment Seminar all interns must successfully conduct a Diagnostic Intake Assessment (assesses competence in diagnostic interviewing and case conceptualization). The Psychotherapy Seminar requires Interns to complete a Cognitive-Behavioral Therapy (CBT) Session judged by the two faculty/supervisors using the Contextual CBT Therapy Rating Scale.

Consultation and Therapy Logs. All interns are required to maintain timesheets on a weekly basis that record all indirect and direct service hours, research efforts, supervision, etc. The TD reviews these timesheets on a regular basis and they are discussed Core Committee meetings. The TD also reviews this data during the Midyear and End of Year Evaluations of Intern Performance meetings.

Leadership Training. Interns are required to participate in our leadership training curriculum that includes the following components:

- Attend four leadership sessions (approximately one per quarter) in Professional Issues Seminar
- Complete leadership development plan (template will be provided) with overall supervisor by the end of August, which is submitted to the core committee for final approval.
- Complete one leadership activity by the end of the training year. The internship will maintain a catalogue of potential leadership activities and supervising faculty members to select activities from.

Psychology Workshops. Workshops are devoted to topics relevant to the professional development of psychologists. Interns may be required to attend the workshops that are relevant to their training needs at the discretion of the TD or the Core Committee. The Internship hosts a yearly Clinical Cultural Competence Workshop that interns are required to attend.

Intern Research. The Internship provides 4 hours each week for Interns to complete research activities. See below for a detailed description.

VII. TIME AND PERFORMANCE REQUIREMENTS

The MCG Psychology Internship requires the following for successful completion of the Internship. Interns track these requirements through a designated log of therapy hours and milestones completion:

1. Completion of 2080 hours of training. Georgia requires 2000 hours of internship training. Interns complete rotations with no more than one week of vacation and one week of sick time per 4 months. If an intern misses more than two weeks of a 4-month rotation block, they must make up the amount of time. The internship will be a minimum of 48 weeks. The Intern is required to complete the full one-year internship in which leave does not exceed allowable leave hours/days. AU/|MCG will pay stipends to the end of the internship year. If an Intern needs makeup time, it they will complete it without remuneration.

2. A minimum of 520 hours of direct clinical services. Direct clinical services includes "All intervention activities (of a psychological nature) with patients/clients. Examples include individual therapy, test administration or feedback sessions, client consultation (where an Intern meets with clients to assess their needs), career counseling, crisis intervention, family therapy, group therapy, intake interviews, hospital rounds, school intervention (including direct intervention with student and/or staff), program development, supervision of other students or other mental health providers, and systems interventions." This averages to be about 11 direct service hours needed per week across the training year.

3. By the end of the training year the intern must be rated on the Summative Rotation Evaluation as having demonstrated all of the profession wide competencies at level 5 - Proficient Competence: Minimal Level of Achievement (MLA) at completion of training program; ready for entry-level practice[3].

4. All interns are required to maintain timesheets on a weekly basis that record all indirect and direct service hours, research efforts, supervision, etc. The TD reviews timesheets to make sure interns are meeting the various internship requirements. The Intern will submit the final version of the log at the end of the training year and the TD will keep in the Intern's file.

5. Interns are required to participate in at least one Leadership Activity designed to provide exposure to leadership in one of the following areas: Organizational Leadership & Administration; Education, Mentorship, & Supervision; Advocacy & Social

3 Ready for entry-level practice is defined as (IR C-8 I): 1. the ability to independently function in a broad range of clinical and professional activities; 2. the ability to generalize skills and knowledge to new situations; and, 3. the ability to self-assess when to seek additional training, supervision, or consultation

Responsibility; Interprofessional Teamwork & Collaboration; Personal & Professional Leadership Skills; or Scholarship & Innovation.

6. Completion of competency-based evaluations demonstrating proficiency in the Diagnostic Intake Assessment and the Cognitive Behavioral Therapy Session as rated by designated faculty members on forms indicated in the evaluation section.

7. Interns will demonstrate proficiency in psychological testing assessments by accurately completing a minimum of three integrated assessments in which the intern: (1) demonstrates well-reasoned selection of the tests to be administered; (2) administers the tests adhering to standardized testing procedures; (3) effectively interprets and integrates the test data; and (4) produces an integrated report that accurately communicates the key findings and relevant recommendations requiring only minimal corrections by the clinical supervisor. To fulfill the minimum assessment requirement Interns must most also demonstrate proficiency in development of "a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests (per APPIC)." Symptom checklists or measures such as a BDI or a SCID-V would not constitute a psychological assessment instrument.

8. Interns must demonstrate they can work comfortably and professionally as a member of interdisciplinary teams. Interns will demonstrate proficiency in consultation assessment/treatment strategies by completing a minimum of three consultations in a medical setting.

9. Must complete at least one research-scholarly project in which there is a written product authored or co-authored by the intern that is publishable (see above under section heading "Research Requirements").

10. Must have appropriately completed all medical record documentation.

11. Must complete all evaluations of training experiences, supervisors, and self-evaluations.

The TD confirms Successful Completion of the Internship at the end of the year by reviewing the Intern Hours and Milestones Tracking log and evaluations. In addition, at the end of the training year the TD composes and sends a letter to the Intern's graduate school training director verifying the successful completion of the internship.

The Internship awards diplomas after all requirements are met.

Policy on Intern Research

The Internship provides interns with time each week to complete research activities. These activities can include dissertation work or other research. Research efforts during the Internship

must result in one of the following research products:

Research Project. The Intern may participate in either an internship-related research project or a research project external to the internship. Consistent with the Empirical Clinician training model, the research project should be relevant to clinical practice issues. The Intern must submit to the OS a plan of participation in this research project that will enable the Intern to meet the scholarly work objectives. After OS approval, the Intern submits the plan to the TD for approval.

Scholarly Review Article. The Intern would design and implement a critical review of a topic relevant to clinical practice. The Intern must submit to the OS a proposal of this scholarly activity and a timetable that will enable the Intern to meet the scholarly work objectives. The proposal of the scholarly activity follows the same approval guidelines addressed above with respect to the OS and the TD.

Public Policy "White Paper". Under the mentorship of an internship faculty member and in cooperation with a professional association, a mental health advocacy organization, or a governmental agency, the Intern would critically evaluate an issue of public policy relevant to clinical practice or to public mental health. This public policy "white paper" must maintain high standards of empirical support and critical thinking for any conclusions drawn. The Intern must submit to the Overall Supervisor a proposal of this research activity and a timetable that will enable the Intern to meet the research objectives. The proposal of the public policy "white paper" follows the same approval guidelines addressed above with respect to the OS and the TD.

Program Evaluation. Under the mentorship of an internship faculty member and in cooperation with a health care service delivery system within or affiliated with the Internship, the Intern would conduct a systematic evaluation of a health care service delivery program. This program evaluation must maintain high standards of empirical methodology and therefore must include reasoned data collection and analysis. The Intern's must base their conclusions and recommendations from this project on empirical support based in part on the data at hand as well as applicable systems theory/models. The Intern must submit to the OS a proposal of this proposed program evaluation and a timetable for the project that will enable the Intern to meet the research objectives. By the end of the internship year the Intern's participation in this research activity will produce a written program evaluation report in which the Intern is an author or co-author. The proposal of the program evaluation follows the same approval guidelines addressed above with respect to the OS and the TD.

The Internship will make use of the following evaluation components to monitor the progress and efforts of the Interns in their respective research activities:

The OS and Intern have a formal discussion of the Intern's progress on the chosen research project every four months. The OS will make a report every four months to the Core Committee regarding progress on the research-scholarly project. On May 1st, the intern submits the completed paper for the research-scholarly project for review to the TD. Two faculty members not directly involved in the research judge the proficiency of the research-scholarly product

using the Evaluation of Intern Research Paper form. The TD will review this forms to confirm successful completion of the Intern research-scholarly project

RESEARCH REQUIREMENT TIME TABLE:

Date/Time	Task	Submitted to:
End of August	Written proposal of research project is submitted	OS and TD
End of 1st Rotation	Review of progress by OS and TD with Intern	
End of 2nd Rotation	Review of progress by OS and TD with Intern	
May 1st	Final written product is due	TD
End of May[4]	Feedback from faculty review	

4 TD may ask an intern to revise and resubmit the product based on reviewer ratings and recommendations.

VIII. LEAVE AND ABSENCE POLICIES

Holidays: There are 13 official Holidays at AU/MCG for the 2027-2028 training year.

Holiday	Date
Independence Day	7/5/27
Labor Day	9/6/27
Thanksgiving Day	11/25/27
Thanksgiving Day After	11/26/27
Winter Holiday Break	12/27/27-12/31/27
New Year's Day	1/3/28
Martin Luther King, Jr., Day	1/17/28
Memorial Day	5/29/28
Juneteenth Independence Day	6/19/28

General Leave Procedures

Except for Holidays noted above and unplanned Sick Leave, the Intern must officially request all leave in writing (i.e., e-mail), arrange for clinical coverage (with the assistance of the rotational supervisor), and secure approval by the rotational supervisor and TD. Interns that have outstanding medical record notes over 3 days in duration will not receive approval for leave. Interns may take personal leave with appropriate notice and approval, but not during the final two weeks of the internship year. An intern may not take Professional Leave (such as conferences, dissertation defenses, or interviews) during the final two weeks of the internship year. Only under the approval of the TD is leave allowed during the final two weeks of internship. It is the responsibility of interns to advise future employers of their requirement to complete their internship responsibilities through June 30th. Interns may only take one week of personal leave in a particular rotation. Additionally, interns are encouraged to be thoughtful about repeatedly scheduling leave on a particular day of the week during a rotation. This may prove especially challenging during the postdoctoral/job interviewing process during the second rotation. Interns are encouraged to speak to the rotation supervisor primarily affected by this process if applicable.

Regarding Jury Duty, Institutional Policy is that after showing your official summons to your OS you are entitled to an unlimited number of days of administrative leave. The Internship reserves the right to require make-up time if it goes beyond five days.

After receiving programmatic approval, all leave requests should be sent to Angelica Piercy (APIERCY@augusta.edu) and Natasha Robinson (NROBINSON2@augusta.edu). If clinics need to be blocked, interns should e-mail Tammie Wilson (tammie.wilson@wellstar.org).

Personal Leave

Interns earn 10 hours of personal leave monthly.

Sick Leave
Interns earn 8 hours of sick leave monthly.

Professional Leave
The Internship allows up to 5 days of Professional Leave (1 day of "Educational Leave" and 4 days of "Outside Activity" leave) for the following purposes: data analysis consultation, doctoral orals, consultation with dissertation advisor, job/postdoctoral interviews, conference presentations, and graduation. Interns can take a maximum of 3 days at any one time. If an intern needs additional leave for these purposes, the intern will use their personal leave. Interns should try to spread out their time away from the internship for personal leave and professional leave so as not to miss too much time from a particular rotation and/or a particular day of the week.

Timing
It is the responsibility of all interns to request planned leave at least 30 days prior to the scheduled time off. The TD must give final approval for all leave requests.

The TD will not consider requests that do not comply with this policy unless they involve functions that the intern could not foresee and are critical to the Department's teaching, research or clinical missions. The intern must provide an appropriate written justification prior to the TD considering approval of these exceptions

When requesting leave Interns must designate an "Attending Psychologist" who will serve as clinical backup for all patient care issues in their absence. The "Attending Psychologist" designated as backup must be aware of the specific commitment.

IX. TRAVEL AND CONFERENCE MONEY

When available, the Department of Psychiatry and Health Behavior provides $500 on an individual basis for Interns to present scholarly work at professional meetings.

Interns should request funding from the TD in writing as soon as possible.

X. EMPLOYMENT BENEFITS AND RESPONSIBILITIES

Interns will be employees of AU/MCG. They will be oriented to and expected to abide by the policies and procedures of AU/MCG.

Insurance
AU/MCG employee health insurance plans are available to Interns. Health insurance plans cover mental health services. We will also help with a referral if desired. Proof of health insurance is required to participate in the internship practicum experiences.

XI. EEO POLICY STATEMENT

Augusta University/Medical College of Georgia policies:
https://www.augusta.edu/services/legal/policyinfo/policy/equal-employment-policy.pdf

POLICY STATEMENT Augusta University believes a strong commitment to equal employment opportunity is more than a legal and moral obligation. It is also a sound business practice to realize the potential of every individual. Augusta University complies with the Policy of the Board of Regents of the University System of Georgia on Equal Employment Opportunity and is committed to providing equal employment opportunity for all individuals without regard to: race, age, color, national origin, religion, disability, gender identity, creed, veteran status, sexual orientation, genetic information or any other basis prohibited by law.

PROCESS & PROCEDURES Augusta University adheres to the University System of Georgia's Equal Employment Opportunity Policy. Complaints of harassment and/or discrimination will follow the procedures as outlined in the AU Anti-Harassment and Non-Discrimination Policy.

REFERENCES & SUPPORTING DOCUMENTS EEO
https://www.usg.edu/hr/assets/hr/hrap_manual/HRAP_Equal_Employment_Opportunity_Employment.pdf

XII. Maintenance of Intern Training Records

The Training Director is responsible for maintaining intern records. Intern evaluations, certificates of completion, and each intern's individual training plan are maintained indefinitely by the Training Director in a secure digital file. Records related to Due Process procedures are also maintained in intern files. Records related to grievances or complaints are kept in a separate secure digital file.

XIII. Artificial Intelligence (AI) Policy

Artificial Intelligence (AI) is increasingly being used in professional and clinical settings. This is a rapidly developing field with limited peer-reviewed data on the potential risks and benefits of using such technology in the practice of psychology. The following policy is meant to serve as a guide for the use of AI by interns.

- Interns and faculty should be aware of the potential ethical, legal, and learning implications of the use of AI. AI should only be used thoughtfully, not as a default mode of operation to save time.
- Any use of AI on rotations should always be discussed with the supervisor before using the technology. Generally, supervisors will require that interns engage in clinical activities (e.g., writing notes) without AI initially, and *may* allow the use of AI after the intern has demonstrated competency in an activity and the supervisor determines there is

limited learning value for the intern in continuing to complete the activity without AI use. Supervisors may suspend the use of AI at any time.

- Decisions around AI use are specific to each rotation supervisor and do not apply across settings/supervisors.
- Personal health information or other sensitive information should never be entered into an AI system unless it is specifically approved by the health system. Doing so could be a HIPPA violation.
- Any use of AI in educational activities (e.g., case conceptualizations for seminars, research paper) needs to be discussed and approved by the director of the activity ahead of time and should always be disclosed as part of the activity.