**Post-Graduate Clinical or Independent Internship Access Letter**

**This letter must be completed when the clinical supervisor is not employed or contracted with the internship site(s)**

**Please cut and paste the information from the next page onto the letterhead of the agency and have the Agency / Clinical Director complete.**

**The Access Letter must be submitted with the internship application for each agency where the clinical supervisor is not employed or contracted.**

**Access Letter**

|  |  |
| --- | --- |
| **Date** |  |
| **Intern’s name** |  |
| **Agency name** |  |
| **Clinical supervisor** |  |
| **Onsite Licensed Mental Health Provider (include credentials)** |  |

|  |  |
| --- | --- |
| **Print name of person completing form** |  |

**My signature below verifies that the clinical supervisor listed above shall –**

1. **Have access to review the medical records for patients treated by the intern.**
2. **Have access to directly observe the practice of the intern.**

**Signature** (including credentials):

**Title**: