

# Appendix F

## CERTIFICATION OF KNOWLEDGE OF THE PROGRAM REQUIREMENTS

Please print your name below, and sign off on the following statements by initialing them. Return this completed form to the Administrative Office (1004 East Hall) for placement in your clinical area file.

\_\_\_\_\_  
Name (Printed)

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"I have read and agree to abide by the provisions of the Clinical Area *Procedures Manual*"

\_\_\_\_\_  
initialed                      date

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"I have read and agree to abide by the relevant sections of the Psychology Graduate Office's *Requirements, Policies and Procedures Manual*. I understand that I will be responsible for knowing the information contained in Rackham's Student Handbook of Policies and Procedures.

\_\_\_\_\_  
initialed                      date

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