



Doctoral and internship programs share a responsibility to communicate about trainees. More specifically, communication is required regarding preparation for training experiences, progress, and status in programs. This form is intended to facilitate communication between the internship and doctoral program of the intern named below. Please provide the information in the spaces below. By signing this form, you are providing permission for your doctoral program and the White Birch Educational Services Doctoral Internship Program to communicate about your functioning in both programs.

Intern Name: \_\_\_\_\_

Intern's Doctoral Program: \_\_\_\_\_

Director of Clinical Training: \_\_\_\_\_

Address of Doctoral Program:  
\_\_\_\_\_  
\_\_\_\_\_

Program Director's Phone # \_\_\_\_\_

Program Director's Email \_\_\_\_\_

I grant permission to WBES and the doctoral program listed above to exchange information pertinent to my internship, training, and professional development.

Intern Signature \_\_\_\_\_

Date \_\_\_\_\_