

Form for internship recognition BACHELOR

Name: _____ Matriculation number: _____

E-Mail: _____ Semester: _____

Name of institution of internship: _____

Period of internship: _____ Number of working hours: _____

This form is based on the internship regulation of the Institute of Psychology.

https://www.uni-osnabrueck.de/fileadmin/documents/public/ordnungen/PraktikumsO-BachelorMaster-Psychologie_2020-10.pdf

The internship should be credited for: <i>(multiple ticking possible)</i>	Module code	Hours <i>(according to internship regulations)</i>	ECTS	Number of hours to be credited:
<input type="checkbox"/> das Berufsbezogene Praktikum	Psy-B-163N	120 - 30 Suche - 30 Ausland	4	
<input type="checkbox"/> das Orientierungspraktikum <i>gemäß Approbationsordnung</i>	Psy-B-164N	150	5	
<input type="checkbox"/> das Orientierungspraktikum <i>allgemein</i>	Psy-B-164N	150	5	
<input type="checkbox"/> die Berufsqualifizierende Tätigkeit I <i>gemäß Approbationsordnung</i>	Psy-B-165N	240	8	
<input type="checkbox"/> die Berufsqualifizierende Tätigkeit I <i>allgemein</i>	Psy-B-165N	240	8	

The **internship regulation** contains the following points for crediting an internship (*please tick the appropriate boxes*):

- The fields of activity of the internship showed clearly recognizable **references** to the study contents and occupational fields of **the study program**.
- The internship was **supervised** by a full time employee, who has a degree in Psychology (Diploma, B.Sc. or M.Sc. in Psychology) or a comparable degree*.
- The internship was completed **after** the university entrance qualification (e.g. Abitur).
The internship took place
 - before enrolling in the bachelor program.
 - after enrolling in the bachelor program.
- The internship has not been accredited in any other context (e.g. studies, apprenticeship) yet.
- A **certificate** or **reference** of the internship including information about activities, period and number of hours worked is attached.
- The **form internship report** is attached.

-] only for "Orientierungspraktikum gemäß Approbationsordnung": The **certificate confirming the fulfillment of the criteria (Orientierungspraktikum)** is attached.
-] only for "BQT I gemäß Approbationsordnung": The **certificate confirming the fulfillment of the criteria (BQT I)** is attached.
-] only for "BQT I gemäß der Approbationsordnung": **60 ECTS** have already been earned during the bachelor program.

I agree that the internship coordinator may contact me via the given e-mail address in individual cases (e.g. if other students are interested in an internship abroad in the same country). In this case, the personal data will be stored for internal documentation purposes and will not be passed on to third parties. The agreement can be revoked at any time without giving reasons and in this case the data will be deleted immediately. The consent is voluntary. In the case of disagreement, no disadvantages arise.

-] I agree (Please do not enter an uos-mail address above.)
-] I disagree

I hereby confirm the above given information.

Place, date: _____ Signature (student):

* An equivalency check has taken place. Confirmation from the transfer manager (or an email confirmation is attached):

Place, date: _____ Signature (transfer manager):

**Certificate for *Orientierungspraktikum* according to *Approbationsordnung*
(Bachelor Psychology)**

Student name: _____ **Matriculation number:** _____

Name of internship institution: _____

Place and country of internship institution: _____

The *Orientierungspraktikum* should serve the acquisition of first practical experience in general fields with regard to health and patient care. The student should gain first insights into the professional ethics principles as well as the institutional, legal and structural framework conditions of patient care. In addition, the student should be shown the basic structures of interdisciplinary cooperation as well as structural measures for patient safety.

For crediting the internship, the **following criteria** according to the *Approbationsordnung* are necessary:

- The institution is an interdisciplinary health care facility or another institution, which provides counseling, prevention or rehabilitation to maintain, promote and restore mental health.
- Psychotherapists, psychological psychotherapists or child and youth psychotherapists are working in the institution.

We hereby confirm that the above criteria are met in our institution.

Place, date

Signature, stamp of institution

**Certificate for *Berufsqualifizierende Tätigkeit I* according to
*Approbationsordnung (Bachelor Psychology)***

Student name: _____ **Matriculation number:** _____

Name of internship institution: _____

Place and country of internship institution: _____

The *Berufsqualifizierende Tätigkeit I* should serve the acquisition of first practical experience in specific areas of psychotherapeutic care. The student should get fundamental insights into the institutional, legal and structural framework conditions of the psychotherapeutic institution for mental health care. The student should learn to recognize the framework conditions and the distribution of tasks in interdisciplinary teamwork and to work appropriately with the various professional groups according to the distribution of tasks. In addition, the student should learn to develop and apply basic skills in communicating with patients and other involved people or professional groups.

For crediting the internship, the **following criteria** according to the *Approbationsordnung* are necessary:

- The internship institution belongs to one of the following institutions: facilities for psychotherapeutic, psychiatric, psychosomatic or neuropsychological care, facilities for prevention or rehabilitation (with psychotherapeutic, psychiatric, psychosomatic or neuropsychological care), facilities for people with disabilities or other areas of institutional care.
- Psychotherapists, psychological psychotherapists or child and youth psychotherapists are working in the institution.

We hereby confirm that the above criteria are met in our institution.

Place, date

Signature, stamp of Institution