



Clinical Practicum Program Application Form

Name of Applicant: _____
Address: _____
Phone: _____
Current School Program: _____
Degree(s): _____
Year Began: _____

Please Check All Courses Completed Which Have Addressed These Areas:

- | | |
|--|--|
| <input type="checkbox"/> Counseling theories | <input type="checkbox"/> Counseling techniques/interventions |
| <input type="checkbox"/> Psychopathology | <input type="checkbox"/> Clinical interviewing |
| <input type="checkbox"/> Practicum/Field Placement | <input type="checkbox"/> Law and Ethics |
| <input type="checkbox"/> Multicultural/Cross-cultural Counseling | |

Please List Previous Clinical Experiences:

<u>Site</u>	<u>Supervisor</u>	<u>Phone #</u>	<u># Clinical Hours</u>	<u># Supervision Hours</u>	<u>#Clients Seen</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you been audio/videotaped for supervision? ☐audio ☐video

Professional Conduct:

Please answer ALL of the following questions with "YES" or "NO": (If you answer yes to any question, please Elaborate in the space provided)

- Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or Training institution, health care institution, professional association, or licensing/certification board?
☐ Yes ☐ No

- Are there any complaints currently pending against you before any of the above bodies?
☐ Yes ☐ No

- Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?
☐ Yes ☐ No

4. Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer?

☐ Yes ☐ No

5. Have you ever been convicted of an offense against the law other than a minor traffic violation?

☐ Yes ☐ No

6. Have you ever convicted of a felony?

☐ Yes ☐ No

Please list the names and phone numbers of 2-3 professional references:

<u>Name</u>	<u>Phone #</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application must include:

1. Letter of interest describing goals for a practicum position at USD Student Wellness
2. Graduate Transcript (unofficial copy acceptable).
3. Current resume or vita.
4. Letters of Recommendation (2 required; 1 from clinical supervisor, if applicable).

Please **email** all application materials to Annie Waring, Psy.D., Practicum Coordinator: at: awaring@sandiego.edu

Letters of recommendation can be emailed directly to the practicum coordinator.

For more information: (619) 260-4618, <http://www.sandiego.edu/counseling-center/practicum-program/>