

**Santa Clara University
Counseling and Psychological Services (CAPS)**

Practicum Application Form

Personal Information

Name: _____ Graduate Degree (if any): _____
Home Address: _____ Email: _____
Phone: Home: () - _____ Work: () - _____, ext. _____ Cell: () - _____

Provide number where you can be reached on BAPIC Uniform Notification Day:

Home Work Cell Other: () - _____, ext. _____

Academic Training

Doctoral Program

Institution: _____ City/State: _____
Institution/ School Phone # : _____
Major/Program/Subfield: _____ Degree Sought: _____
Name of Training Director: _____ Training Director Email: _____
Is your program APA accredited? _____Yes _____No

When did you complete (or do you expect to complete) your doctoral coursework,
excluding dissertation and internship hours? _____ / _____

What is the current status of your dissertation/doctoral research project?

___ Proposal approved ___ Data collected ___ Data analyzed ___ Defended

Previous Academic Work (include undergraduate schools attended and higher education degree(s) in any mental health field)

School/ University	Major	Degree Earned

Clinical Training

Please detail below practicum experience obtained since beginning your doctoral program:

1 Site Name:

Individual Therapy	Total hours (face to face)	# of different individuals
1) School –Age (6-12)		
2) Adolescents (13-17)		
3) Adults (18-64)		
4) Older adults (65+)		

Group Therapy

1) Adults (18-64)		
2) Adolescents (13-17)		

Intake Interview/ Structured Interview

1) Adults (18 +)		
2) Adolescents (13-17)		

List other psychological interventions (substance abuse interventions, testing, consultation etc) conducted

#2 Site Name:

Individual Therapy	Total hours (face to face)	# of different individuals
1) School –Age (6-12)		
2) Adolescents (13-17)		
3) Adults (18-64)		
4) Older adults (65+)		

Group Therapy

1) Adults (18-64)		
2) Adolescents (13-17)		

Intake Interview/ Structured Interview

1) Adults (18 +)		
2) Adolescents (13-17)		

Please list other psychological interventions (substance abuse interventions, consultation etc) conducted :

3 Site Name:

Individual Therapy	Total hours (face to face)	# of different individuals
1) School –Age (6-12)		
2) Adolescents (13-17)		
3) Adults (18-64)		
4) Older adults (65+)		

Group Therapy

1) Adults (18-64)		
2) Adolescents (13-17)		

Intake Interview/ Structured Interview

1) Adults (18 +)		
2) Adolescents (13-17)		

Please list other psychological interventions (substance abuse interventions, consultation etc) conducted :

#4 Site Name:

Individual Therapy	Total hours (face to face)	# of different individuals
1) School –Age (6-12)		
2) Adolescents (13-17)		
3) Adults (18-64)		
4) Older adults (65+)		

Group Therapy

1) Adults (18-64)		
2) Adolescents (13-17)		

Intake Interview/ Structured Interview

1) Adults (18 +)		
2) Adolescents (13-17)		

Please list other psychological interventions (substance abuse interventions, consultation etc) conducted :

Certification or Licensure

List any valid licensure or certification that allows you to practice in a mental health discipline, if applicable.

_____ Original date licensed / State issued: _____

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What theoretical models have you used in clinical practice? (Choose up to 3 and rank order)

Cognitive behavioral Behavioral Humanistic/Existential Supportive psychotherapy
 Interpersonal Psychodynamic/ Psychoanalytic Mindfulness based (ACT/DBT)
 Narrative Systems Other: _____

Percentage of clinical experience in short term (up to 10 sessions) therapy _____%

Percentage of clinical experience in longer- term therapy _____%

Types of Supervisory Experiences:

Face to face Process notes Live/ direct observation by supervisor
 Audio tape review Videotape/digital recording review

Languages

Please list all languages spoken other than English. Indicate your ability to work clinically in that language by also describing your level of fluency:

Letters of Recommendation

Please list names, addresses, phone numbers, and e-mail addresses of individuals who will be writing letters of recommendation.

Recommendation #1

Name:

Street Address:

City/ State:

Zip:

Phone:

Email Address:

Recommendation #2

Name:

Street Address:

City/ State:

Zip:

Phone:

Email Address:

Recommendation #3

Name:

Street Address:

City/ State:

Zip:

Phone:

Email Address:

Essay

Please respond to the following two essays. Each essay must be 500 words or less.

- 1) In an autobiographical statement, please describe your reasons for entering the profession of psychology.
- 2) Please describe how a practicum experience at this site will contribute to your professional development and goals.

Attestation

By signing below I attest that all information provided herein is true to the best of my knowledge and I have not intentionally misrepresented myself or doctoral program in any way. I understand that any intentional falsification, on this application or during any aspect of the internship application process, may lead to a withdrawal of consideration or dismissal from internship program.

Furthermore, I agree to comply with all CAPS policies, the APA Ethical Principles of Psychologists and Code of Conduct, as well as with the Laws and Regulations of California Board of Psychology. By signing below I also agree to comply with the rules and policies of the internship program and institution(s) in which the internship training takes place.

I have read fully the information provided to me regarding the practicum program to which I am applying, and agree to start the practicum on the date specified on these materials.

Applicant Signature: _____

Date:

A complete practicum application includes:

- Completed practicum application form
- Curriculum vita
- 3 letters of recommendation (2 letters preferably from sources familiar with you relevant clinical experience)
- Graduate transcripts
- Signed attestation

Please assemble the following materials in a single packet and send to:

Dr. Rosemary Ellmer
Training Director
Counseling and Psychological Services, Cowell Center
Santa Clara University
500 El Camino Real
Santa Clara, CA 95053-1055

Application deadline: February 18, 2011
CAPS adheres to the BAPIC Uniform Notification Day