

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

Practicum Application

A complete practicum application includes:

- Completed practicum application form
- Cover letter stating interest in this training site and career goals
- Curriculum vita
- 3 letters of recommendation (2 letters preferably from sources familiar with you relevant clinical experience)
- Graduate transcripts
- 2 self-addressed stamped envelopes

Personal Information

Name:

Degree (if any):

Home Address:

Email:

Phone: Home: () -

Work: () - , ext. Cell: () -

Provide number where you can be reached on Uniform Notification Day? (Inform sites of any changes)

Home Work Cell Other: () - , ext.

Academic Training

Doctoral Program

Institution:

City/State:

Major/Program/Subfield:

Degree Sought:

Name of Training Director:

Is your program APA accredited?

Expected Date of Degree Completion: /

Dissertation:

What topic have you chosen or are you considering?

Masters Degree (if applicable):

Institution:

City/State:

Major/Program:

Year Degree Conferred:

College Degree

Institution:

City/State:

Major/Program:

Year Degree Conferred:

Other Graduate Training

Institution:

City/State:

Major/Program:

Year Degree Conferred:

NOTE: Other academic training programs and degrees not entered here should be listed clearly on your CV.

Clinical Training

Summary of Clinical Experience:

Number of intake interviews conducted:

Number of adult clients seen in short-term therapy (1-20 sessions):

Number of adult clients seen in long-term therapy (>20 sessions):

Number of child/adolescent clients seen in short-term therapy (1-20 sessions):

Number of child/adolescent clients seen in long-term therapy (>20 sessions):

Number of families seen in family therapy:

Number of couples seen in couples therapy:

Number of distinct psychotherapy groups facilitated:

Number of testing batteries* administered, scored and interpreted:

**(A battery should include both objective and projective tests)*

Number of assessment reports written:

Other experiences of note:

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:

Licenses, ect.

Please list any current and valid licenses, certificates, or registrations that allow you to practice in any field of mental health, and state in which it was issued.

Letters of Recommendation

Please provide the name, phone number and email address of all individuals writing letters of recommendation in support of your application:

- 1) _____
- 2) _____
- 3) _____

Essay

Please respond to the following 2 essays. Each response must be 500 words or less.

- 1) In an autobiographical statement, please describe your relevant personal information and professional development. You are free to go into as much detail as you feel is appropriate.
- 2) Please describe your theoretical orientation and how this influences your clinical work.

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 practicum application process, may lead to a withdrawal of consideration or dismissal from the practicum 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 practicum program and institution(s) in which the practicum 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

