

## APPLICATION FOR PRACTICUM/ INTERNSHIP TRAINING

Applicant name:		
Cell phone:	Other phon	e:
Email address:		
Academic program:		
C.M.H.C. (M.A.)	Clinical Psychology (M.S.)	Clinical Psychology (Ph.D.)
Semester(s) for whicl	h you are applying:	
Anticipated number o	of <u>direct hours</u> needed for your expe	rience (per semester):
Previous Practi	cum/ Internship Experience	e (if applicable):
Site:		Hours:
Population:	Sup	ervisor:
		<del></del>
Population:	Sup	ervisor:

## **Additional Questions**

1.	What interests you about our site?		
2.	What do you believe are your strengths as a counselor-in-train	iing?	
3.	In which area(s) do you wish to grow through your practicum/	internship expe	rience?
4.	Do you anticipate staying with our site for multiple semesters?	Yes	No
5.	Do you plan on adding additional sites?	Yes	No
6.	What are your goals after graduation?		

- Submit the completed application **with resume** to Linda Long, LPC-S, Counselor and Training Supervisor: <a href="mailto:long@uttyler.edu">llong@uttyler.edu</a>
- All accepted interns/practicum students will be required to complete training prior to the beginning of the semester.