APPLICATION FOR ADVANCED PRACTICUM

Student Name: _____ **Term**: ☐ Fall ☐ Spring ☐ Summer _____
Year

Credits: _____ CLP 6947 Practicum in Intervention (Please "check" below)
(ex: 1-3)

☐ ongoing therapy (1 credit = 25 hours of patient contact)
☐ individually designed

Credits: _____ CLP 6945 Practicum in Neuropsychology
(Required for Neuropsychology area of concentration; must be preapproved by the NP area head, Dr Bowers, according to established procedures)

_____ CLP 6946 Practicum in Applied Medical Psychology
(Required for Medical Psych. area of concentration; must be preapproved by Dr. Ashkanazi)

_____ CLP 6948 Practicum in Clinical Child Psychology
(Required for Clinical Child area of concentration; must be preapproved by Dr. Janicke)

_____ CLP TBA Practicum in Emotion Neuroscience & Psychopathology
(Required for ENP area of concentration; must be preapproved by Dr. Lang)

Please complete the section below if you are applying for any individually designed or specialty area practicum (anything other than on-going therapy must have this section completed) Incomplete forms will not be processed.

Proposed Supervisor: _____ Location: _____

Please describe the specific training experiences you will obtain during the proposed practicum:

_____ # direct service hrs/wk

_____# hrs. on-site per week

_____ # supervision hrs/wk
_____ Individual
_____ group
_____ case conference

Please describe the way(s) in which this practicum will contribute to your professional development and your specific goals for this period of training.

_____

_____

_____

Proposed
Supervisor Signature:_____ Area Director:_____

Clinic Director:_____ Program Director:_____
(if practica is on-site)