



## Counseling and Psychological Services (CAPS)

### Advanced Practicum Rotation

#### Practicum Application Form

##### **Personal Information**

Name:

Home Address:

E-Mail:

Home: (     )     -    

Work: (     )     -     , ext.    

Cell: (     )     -    

Graduate Degree (if any):

##### **Academic Training**

###### ***Current Doctoral Program***

Institution:

City/State:

Institution/School Phone #:

Major/Program/Subfield:

Degree Sought:

Name of Director of Clinical Training (DCT):

DCT E-Mail:

Is your program APA accredited? Yes \_\_\_\_ No \_\_\_\_

When did you complete (or do you expect to complete) your doctoral coursework:

Month/Year: \_\_\_\_/\_\_\_\_

**Dissertation Title:**

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

**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: \_\_\_\_\_

\_\_\_\_\_ Original date licensed /State Issued: \_\_\_\_\_

**Please list the type of groups you have had experience leading or co-leading: (DBT skills, process group, social skills, etc.)**

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## Clinical Training

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

*Name of Practicum Site #1:* \_\_\_\_\_

*Primary Populations Served at this site:* \_\_\_\_\_

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

List other relevant psychological interventions performed at this site (assessment, outreach, etc.)

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**Name of Practicum Site #2:** \_\_\_\_\_

**Primary Populations Served at this site:** \_\_\_\_\_

<b>Individual Therapy</b>	<b>Total Hours (face to face)</b>	<b># of different individuals</b>
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 (18-64)		
2) Adolescents (13-17)		

**List other relevant psychological interventions performed at this site (assessment, outreach, etc.)**

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**Name of Practicum Site #3:** \_\_\_\_\_

**Primary Populations Served at this site:** \_\_\_\_\_

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

**List other relevant psychological interventions performed at this site (assessment, outreach, etc.)**

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**Primary Populations Served at this site:** \_\_\_\_\_

## Group Therapy

## Intake Interview / Structured Interview

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

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**Percentage of clinical experience in short term therapy (up to 12 sessions): \_\_\_\_\_%**

**Percentage of clinical experience in longer-term therapy: \_\_\_\_\_ %**

Total Number of Therapy hours to date: \_\_\_\_\_

Total Number of Assessment hours to date: \_\_\_\_\_

**Types of Supervisory Experiences (please check all that apply):**

\_\_\_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:

E-Mail Address:

**Recommendation #2:**

Name:

Street Address:

City/State:

Zip:

Phone:

E-Mail Address:

**Recommendation #3:**

Name:

Street Address:

City/State:

Zip:

Phone:

E-Mail Address:

## **Essays**

***Please respond to the following two essays and attach them to the application. Each essay must be 500 words or less.***

- 1) Please describe how a practicum experience at this site will contribute to your professional development and goals.
- 2) Please describe your experience and approach in working with individuals with similar and different identities than yourself.

## **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 the training 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 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 with Essays and Signed Attestation
- Cover Letter
- Curriculum Vitae
- Three letters of recommendation (2 letters from clinical supervisors)
- Graduate transcripts (unofficial)

***Please assemble the application materials in a single packet and email or send to:***

Estrella Ramirez, Ph.D.  
Santa Clara University-Counseling and Psychological Services  
500 El Camino Real - Cowell Center, Building 701  
Santa Clara, CA 95053-1055



Phone: (408) 554-4501

Email: [eramirez2@scu.edu](mailto:eramirez2@scu.edu)

***Application Deadline: February 21, 2021 (must be postmarked or emailed by 11:59pm)***

***SCU/CAPS adheres to BAPIC policies and procedures and participates in the BAPIC Electronic Match Process.***