KALEIDOSCOPE

Practicum Student Application Form

Name:

Program/University:

License you are seeking: ___ Licensed Psychologist (LP) ___ LMFT

Year in Program: **Degree(s):**

Have you had any prior experience delivering psychotherapy services? ___ Yes ___ No
If yes, please describe (setting, population, type of services, practicum site, etc.):

Are you currently enrolled in or have you taken a Family Therapy course? ___ Yes ___No
If yes, please state name and place of course:

Are you currently enrolled in or have you taken a Group Therapy course? ___ Yes ___No
If yes, please state name and place of course:

I am interested in a practicum for the following semesters (please check all that apply):

___Fall/Spring **___ Summer/Fall/Spring (full year)***

**Required for LMFT/LPC students.*

I am interested in the following track (please choose one):

___ Therapy **___ Advanced Neuropsychology Assessment (for doctoral students)**

___ Yes ___No Purchased student liability insurance
___ Yes ___No Plan to purchase liability insurance

Please complete this form and turn in along with the following:

__ *1. A copy of your most recent curriculum vita*
__ *2. A cover letter describing interests and what you hope to gain from this particular practicum experience. Cover letter may be in form of email.*
__ *3. Please send to Dr. Allison Sallee at* info@c2change.org.