

**TTU DEPARTMENT OF PSYCHOLOGY  
STUDENT APPLICATION FOR EXISTING EXTERNAL PRACTICUM SITE:  
COUNSELING PSYCHOLOGY PROGRAM**

This application applies to:

- External practica **that have already been approved as practicum sites by the counseling psychology faculty** for which course registration is required, regardless of whether the position is for pay or volunteer.

**This application must be filled out by the student, reviewed by the student's advisor then submitted to the practicum coordinator.**

Student's Name

Date Completed:

Year in program

Faculty Advisor

***Primary Supervisor Information***

Name:

Degree:

Phone numbers (office)

(cell)

(fax)

Email

***Length of Practicum Commitment***

***Hours student will work per week***

At least one semester

5 or less

15 - 20

Each academic year

5 - 10

> 20

Each calendar year (includes summer)

10 - 12

Summer only

12 - 15

*Name of placement*

*Location of placement:*

*Indicate the nature of the student's employment*

*Volunteer*

*Paid position*

*Type of Placement (check all that apply)*

School	Detention Center	Community Agency
Neuropsychiatry	Jail or Prison	Community Mental Health Center
Residential Treatment	Medical Center/Clinic	Substance Abuse Treatment
In-Patient psychiatric	Forensic setting	Counseling Center
Private practice office	Psychology clinic	
Other (describe)		

*Population(s) served (check all that apply)*

Infants/Toddlers	Adults	College Students	Medically Ill
Pre-School Children	Inmates	GLBT	
School-Age Children	Geriatric	Substance abusers	
Seriously Mentally Ill			
Other (please describe)			

*Clinical services student will provide (please estimate the percentage of time the student will spend in each activity (e.g., 50% group therapy; 100% Objective assessment)*

Psychological assessments	Individual therapy	Play therapy
Neuropsych assessments	Group therapy	Intake Interviews
Couples therapy	Forensic evaluations	Report writing
Psychoeducation	Family therapy	Program Development
Supervision	Program Evaluation	
Other (please describe)		

*Estimated number of client contact hours per week*

*Estimated number of hours the student will be expected to devote to this placement each week*

*Nature of Supervision Provided*

Individual                      Number of hours per week

Group                              Number of hours per week

Please check all relevant assessment, intervention, and ethics courses taken/currently taking (Please use 'T' for already taken and 'C' for currently taking):

Pay 5304: Intelligence Testing                      PSY 5316: Intro to Counseling Psychology

PSY 5309: Clinical Neuropsychology                      PSY 5308: Vocational Psychology

PSY 5315: Objective Personality                      PSY 5312: Theories

PSY 5338: Psychopathology Seminar                      PSY 5306: Professional Ethics

Have you **completed** the three require semester of practicum in the psychology clinic?

Yes

No, but I will have by the time I begin the practicum for which I'm applying

No, and I will not have by the time I begin the practicum for which I'm applying

Have you **completed** the one required semester of practicum at the TTU Student Counseling Center?

Yes

No: I had this requirement waived by the counseling faculty

No, but I will have by the time I begin the practicum for which I'm applying

No, and I will not have by the time I begin the practicum for which I'm applying

Please list all other external practica you will be involved with concurrently with this site (including TTU Clinic) and indicate whether your involvement is concurrent (C) or past (P)

Name of site:                      Supervisor                      Hours per week:                      Past/Concurrent

Student signature

Date

Advisor Signature

Date

External Practicum is:

Approved

Not Approved

Practicum Coordinator signature

Date