

CSUF CAPS PRACTICUM APPLICATION
2010-2011 Practicum Year

January 15, 2010

Dear Applicant,

Thank you for your interest in our training program. We look forward to receiving your application. Applicants should note the following CAPS policies before submitting an application:

- ❖ Applicant's academic program must have a contractual training agreement with CAPS. Please contact us if you are unsure about your program's relationship with our center.
- ❖ Trainee applicants cannot be a CAPS client for a minimum of **eight months** prior to the start of a practicum or internship experience at CAPS.
- ❖ Applicants may not be accepted for placement at CAPS if they have been seen for therapy at CAPS by multiple therapists as this may ultimately affect or limit the applicant's future participation in training or supervision within the program.
- ❖ Current CAPS trainees are prohibited from receiving ongoing counseling services from a CAPS staff member concurrent with their period of assignment.

Your submitted application packet should include:

- ☞ Letter of Interest that includes a description of your interests in the practicum, your previous relevant clinical and academic experiences, and how completing a practicum at CAPS fits into your short- and long-term goals
- ☞ CAPS Practicum Application Form
- ☞ Curriculum Vitae
- ☞ Official Graduate Transcript(s)
- ☞ Two Letters of Recommendation, at least one of which is from a supervisor or faculty member that is familiar with your clinical skills.

Please send your completed application materials to:

Practicum Selection Committee
Counseling and Psychological Services
California State University, Fullerton
P.O. Box 6830
Fullerton, CA 92834-6830

The following is the timeline for the 2010-2011 selection process:

Application Deadline:	Friday, March 5, 2010, 5pm (postmarked)
Interviews Held:	March 22 – April 2, 2010
Notification Date:	April 12, 2010

The 2010-2011 practicum starting date is Monday, August 16, 2010. The ending date is Friday, May 27, 2011.

If selected for further consideration, you will be notified by phone and a personal interview will be scheduled at that time. Additional information about our training program can be found in our training program brochure, which is included in this packet. Trainees who accept positions at CAPS will be required to maintain their own liability insurance throughout the duration of the practicum. If you have any further questions, please call: (657) 278-3040 or email: ccarroll@fullerton.edu.

Sincerely,

Christina Carroll-Pavia, Ph.D.
Christina Carroll-Pavia, Ph.D.
Training Coordinator
Counseling and Psychological Services

CSUF CAPS PRACTICUM APPLICATION 2010-2011

Please type or print legibly.

Applicant Name: _____ **Date:** _____

Mailing Address: _____

Home Phone: _____ **Alternate Phone:** _____

E-Mail Address: _____

Graduate Institution: _____ **Year Entered:** _____ **Degree Sought:** _____

1. List your previous clinical experience (e.g., supervised practica, internships, training, employment, volunteer work):

<u>Site Name</u>	<u>Position Title</u>	<u>Start Date</u>	<u>End Date</u>	<u>Total Hours Completed</u>

2. How many hours of direct intervention with clients/patients have you accrued to date? *Please note, any practicum hour should not be counted more than once across these three categories. You may have some experiences that could potentially fall under more than one category. Please select the category that you feel best captures the experience. (For example, an elderly couple seen together could be counted under either “older adults” or “couples,” but not both.) Do not include time spent on non-direct service activities such as documentation, report writing, supervision, audio/video review, etc.*

<u>Population</u>	<u>Intake Assessment</u>	<u>Counseling/ Psychotherapy</u>	<u>Psychometric Assessment</u>
a. Children			
b. Adolescents			
c. Adults			
d. Older Adults			
e. Couples			
f. Families			
g. Groups			
TOTAL Hours			

