

Field Practicum Application Approval Form

Name _____

Date _____

Prior to contacting any potential field practicum site, the student must be reviewed and specifically approved for practicum by the clinical faculty. Please complete this form and give it to the field practicum coordinator. Please do so no later than October 1 for a spring practicum, March 1 for a summer practicum and April 15 for a fall practicum. When you have submitted this form, your application will be reviewed by the clinical faculty within the next month. The field practicum coordinator will inform you of the decision of the clinical faculty. **Note:** this approval does not guarantee placement at a specific practicum site or for a specific semester.

Background Information:

Semester and year you entered the program? _____

Number of clinical program hours completed? Required: ____ Electives: ____

Number of clinical program hours in which you are currently enrolled? Required: ____ Electives: ____

When does your insurance expire? _____

Please indicate if you have had the following courses:

Course	Semester Taken (indicate if currently enrolled)	Grade
Psy 5470: Theories of Counseling or Psy 6080: Interventions with Children and Adolescents		
Psy 6020: Theories of Personality		
Psy 6100: Intellectual Assessment		
Psy 6250: Objective Personality Assessment		
Psy 6510: Psychopathology		
Psy 6690: Professional Issues and Roles		
Psy 6801: Interviewing and Intervention		

To help us plan better, please complete the following:

When do you prefer to start field practicum (semester and year)? _____

Do you have any specific clinical interests (for example, neuropsychology, children)?

Is there any specific field placement you would prefer? _____

Your signature: _____

Approved: Yes No

Coordinator of the Clinical Program

Date

Clinical Practicum Coordinator

Date