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**COUNSELING AND PSYCHOLOGICAL SERVICES**

**CAPS PRACTICUM TRAINING PROGRAM**

**Application Form**

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| --- | --- | --- | --- |
| Name: |  | Date |  |
|  |  |  |  |
| Address: |  |  |  |
|  |  |  |  |
| Phone: |  | E-mail |  |

I am applying for:

|  |  |  |
| --- | --- | --- |
|  | Fall and Spring Semesters (August to May) | Application Due by May 16th |
|  | Fall Semester Only (August to December) | Application Due by May 16th |
|  | Spring Semester Only (January to May) | Application Due by October 16th |

I am currently enrolled in the following program:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ph.D. | Psy.D. | | Ed.D. | Masters |
| Graduate Department and Program | |  | | |

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| --- | --- | --- | --- | --- |
| Yes | No | I have previously completed a course on counseling theory or psychotherapy. I have also had training either through these courses or another course in basic counseling skills such as “making empathic statements, reflective listening, asking open ended questions, and client confrontation” | | |
| I have previous practicum experience: | | | Yes | No |

If “Yes” please answer the following:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and location of most recent practicum experience | |  | | | | | | | | | |
|  |  | | |  |  | | | |  |  |  |
| Number of hours per Week |  | | |  | Number of direct client hours | | | |  |  |  |
|  | | |  | | |  |  |  | | | | |  |  |  |
| Experiences (Check all that apply) | | | Individual Counseling  Group Counseling  Intake/Triage  Outreach | | | |  | Couples Counseling  Psychodiagnostic Assessment  Crisis Counseling | | | | |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and location of second recent practicum experience | |  | | | | | | | | | |
|  |  | | |  |  | | | |  |  |  |
| Number of hours per Week |  | | |  | Number of direct client hours | | | |  |  |  |
|  | | |  | | |  |  |  | | | | |  |  |  |
| Experiences (Check all that apply) | | | Individual Counseling  Group Counseling  Intake/Triage  Outreach | | | |  | Couples Counseling  Psychodiagnostic Assessment  Crisis Counseling | | | | |  |  |  |

Please include the following information along with this application (E-mail or USPS):

1) Letter of readiness from your department’s director or director of training.

2) Cover letter submitted to Dr. Jorge Marquez, Practicum Training Coordinator that includes:

a. Interest in the program

b. Goals and expectations as a trainee

c. Therapeutic strengths and perceived areas of growth

d. Clinical areas of interest

e. (Optional) Any personal or additional information which you believe may be helpful

3) Graduate transcript (a copy is acceptable)

4) Comprehensive vitae

a. If you have already had a practicum experience, include the following in your vitae:

i. Practicum setting, total hours, client contact hours, supervisor, start and end dates.

b. If this will be your first experience, include the following in your vitae:

i. Relevant course work and experiences which have prepared your for practicum.

5) Letter of recommendation by your previous practicum supervisor. If this is your first practicum experience, submit a letter from a supervisor that can discuss your interpersonal skills or any skills related to your counseling abilities. Have them identify your strengths and areas of growth.

6) A Second letter of recommendation.

*To the best of my knowledge, the information in this application and all submitted materials are accurate and truthful. If I am accepted to the University of Texas at El Paso, University Counseling Center’s Advanced Practicum Training Program, I agree to purchase malpractice insurance and present proof of said insurance prior to each semester of my training.*

Either electronically sign by checking the box, entering your initials, and entering the date or provide your signature and date below.

Electronic Signature:

|  |  |  |  |
| --- | --- | --- | --- |
| **Check Box** | **Initials** |  | **Date** |
|  |  |  |  |

OR

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |