

**Graduate Training Program Application Form for 2019-2020**

First Middle Last

Local Address City State Zip

Home /Work/ Cell Phone Email

Graduate Program

(Counseling/Clinical Psychology, Counselor Education, Mental Health, Social Work)

University/College

Anticipated Graduation Graduate hours you have completed

Number of practicum hours you have completed

Are you or have you ever been a client at UCF Counseling and Psychological Services (formerly Counseling Center): No Yes -- If yes, what are/were the date(s) of services received and with whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\*see Eligibility Issues within the Premasters Training and Internship Section of the Website)

Please complete the chart below regarding your recent practicum experiences.

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| --- | --- | --- | --- | --- | --- | --- |
| Site name | # of hours perweek | Start and enddates | Type of clientpopulation seen | # of clients | Avg. # of sessions per client | Presenting problems of clients |
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