

**Graduate Training Program Application Form for 2020-2021**

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 (please include any clinical or non-clinical relevant training).

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