PRACTICUM BROCHURE

2022-2023

Nova Southeastern University College of Psychology Doctoral Program



NOVA SOUTHEASTERN UNIVERSITY

Updated: 1.28.2022

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FULL SITE NAME:	
Type of Site (check one): Nova	PSC NonNSU Site Number:
Data Last Modified	
Program/Institution	
Department	
Address	
Supervisor Name and Degree	
Supervisor Email	
Supervisor Phone: Work/Cell	/
Agency's Web Address	
CLIENT/PATIENT POPULATION:	IEF CLINICAL DESCRIPTION OF PROGRAM lescents (13-18) Adults (19-64) Older Adults (65+) up Couples Family erans Homeless LGBTQ+
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:	Acceptance and Commitment Therapy Solution-Focused Brief Therapy Marriage and Family Therapy Play Therapy Motivational Interviewing
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:	not included above):

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctor	al stude	nts we wil	l take fro	m College	of Psychology
Number of summer starts only	y:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st year practicum students:

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours Students connot come to a practicum site if they have classes	there is no evention to this

hours. Students cannot come to a practicum site if they have classes -there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements	:		
Specific Evening Hours Rec	uirements:		
Direct Clinical Contact (hou	irs/week): _		
CCE Case Available:	Yes	No	

USE Case Available:

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		1	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 🔤 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:	:	 Acceptance and Co Solution-Focused B Marriage and Fami Play Therapy Motivational Interv 	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		ve):	

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we will take from College of Psychology
Number of summer starts only :
Number of fall starts only :
Will ONLY accept students who speak Spanish: NO YES
Spanish speakers preferred : NO YES
Number of students by year (should equal total # of students listed above)

1st year practicum students:

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	mitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Supervision Requireme	nts:		
Specific Evening Hours	Requirement	s:	
Direct Clinical Contact (hours/week):		
CCE Case Available:	Yes	No	

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
🗌 🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
🗌 🗌 Individual 👘 🗍 Grou	up	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:	:	 Acceptance and Co Solution-Focused B Marriage and Fami Play Therapy Motivational Interv 	ly Therapy	
ASSESSMENT TYPE:				
Contract Applitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments not included above):				
BRIEF OVERVIEW OF PROGRAM:				

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students w	e will take from College of Psychology		
Number of summer starts only :			
Number of fall starts only :			
Will ONLY accept students who speak Span	sh: NO YES		
Spanish speakers preferred : NO YE	S		
Number of students by year (should equal total # of students listed above)			

1st year practicum students:

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is permitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:		

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Supervision Requirem	ents:		
Specific Evening Hours	Requiremen	ts:	
Direct Clinical Contact	(hours/week)):	
CCE Case Available:	Yes	No	

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	🗌 Older Adults (65+)	
🗌 Individual 🔤 Grou	up	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES	:			
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Family Therapy		
Psychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Cher (list all major assessments not included above):				
BRIEF OVERVIEW OF PROGRAM:				

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral	students	we will ta	ke from	College of Psychology
Number of summer starts only:				
Number of fall starts only:				
Will ONLY accept students who s	speak Spa	anish:	NO	YES
Spanish speakers preferred:	NO	YES		
Number of students by year (sho	ould equa	l total # of	studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	mitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

Yes

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

CCE Case Available:

No

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:			—	
	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Grou	•	Couples	Family	
	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES	:	_		
Cognitive Behavioral Therapy			mmitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Family Therapy		
Psychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments	not included abo	ve):		
BRIEF OVERVIEW OF PROGRAM:				

I

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st year practicum students:

2nd year practicum students: _____

Elective practicum students: _____

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is permitted: NO YES				
Costs to park? If yes, how much per day? NO	YES; COST:			

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Supervision Requireme	ents:		
Specific Evening Hours	Requireme	nts:	
Direct Clinical Contact	(hours/weel	k):	
CCE Case Available:	Yes	No	

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
🗌 🗌 Individual 🔤 Grou	up	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES				
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		 Marriage and Family Therapy		
Psychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Neuropsychology			0	
Other:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments not included above):				
BRIEF OVERVIEW OF PROGRAM:				

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students w	e will take from College of Psychology
Number of summer starts only :	
Number of fall starts only :	
Will ONLY accept students who speak Span	sh: NO YES
Spanish speakers preferred : NO YE	S
Number of students by year (should equal t	otal # of students listed above)

1st year practicum students:

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is permitted: NO YES				
Costs to park? If yes, how much per day? NO	YES; COST:			

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Supervision Requirem	ents:		
Specific Evening Hours	Requirem	ents:	
Direct Clinical Contact	(hours/we	ek):	
CCE Case Available:	Yes	No	

Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)	
🗌 Individual 🔤 Grou	qu	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Familian Play Therapy Motivational Intervious 	ly Therapy	
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments not included above):				
BRIEF OVERVIEW OF PROGRAM:				

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctor	al stude	nts we wil	l take fro	m College	of Psychology
Number of summer starts only	y:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	mitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

CCE Case Available: Yes No

FULL SITE NAME: Family Violence Program (FVP)				
Type of Site (check one): 🔳 Nova	a PSC 🗌 NonNSU	Site Nu	ımber: <u>6118</u>	
Data Last Modified	August 2021			
Program/Institution	Family Violence Pro	ogram		
Department	College of Psycholog	бу		
Address	3301 College Avenu	ue, Fort Lauderdale, FL 333	314	
Supervisor Name and Degree	Vincent B. Van Hass	selt, PhD		
Supervisor Email	vanhasse@nova.edu	u		
Supervisor Phone: Work/Cell	954-262-5752	/ N/A	·	
Agency's Web Address	vanhasse@nova.edu	u		
	CLINICAL DESCRIPT	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:		<u> </u>	<u> </u>	
	olescents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Gro	•	Couples	Family	
College Students	terans	Homeless	LGBTQ+	
Other:				
	5:	—		
Cognitive Behavioral Therapy				
Interpersonal Therapy				
Exposure Therapy Marriage and Family Therapy				
Psychodynamic Psychotherapy Play Therapy				
Dialectical Behavior Therapy Dialectical Behavior Therapy Dialectical Behavior Therapy				
Neuropsychology				
Other:				
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests Other (list all major assessments not included above): <u>Personality and Forensic</u>				
	S NOT INCIULEU abov	e): <u>Fersonality and Force</u>		
BRIEF OVERVIEW OF PROGRAM:				
The Family Violence Program serves adult victims and batterers involved in abusive relationships. Services include individual therapy for victims of abuse and/ or other forms of trauma as well as for those who struggle with anger management. Training is in cognitive-behavioral, family systems, experiential, and social-learning.				

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 22 - 20 23 YEAR THIS PAGE MUST BE FILLED IN EVERY YEAR

3	Total number	of doctoral	students we	will take from	College of	Psychology

Number of summer starts only: 0

Number of fall starts only: 3

Will **ONLY** accept students who speak Spanish: **I** NO **I** YES

Spanish speakers **preferred**: NO **I** YES

Number of students by year (should equal total # of students listed above)

1st year practicum students: 0-3

2nd year practicum students: 0-3

Elective practicum students: <u>N/A</u>

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level: 1	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe): TB Screening			
Other (describe):			
Student use of prescribed Medical Marijuana is permitted: NO VES			
Costs to park? If yes, how much per day? 🔳 NO 🗌 YES; COST:			

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours: 12-14 hours	(max hours 10-15/week)
2 nd year practicum student hours: <u>15-20 hours</u>	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

PSC Clinic Training; Individual Supervision; Small Group Supervision

Required Training Prerequisites (classes, degrees, experience, etc. that is **outside of regular required curriculum/grades**):

Suggested prerequisites: Group facilitator experience or course work in group psychotherapy. Prior contact with clinical populations. First and second year practicum students can apply. First year practicum students preferred.

Supervision Requirements: <u>1hr weekly individual supervision with supervisor</u>, 2 hrs weekly group supervision Specific Evening Hours Requirements: required

Direct Clinical Contact (hours/week): individual therapy sessions - 10 hrs. intake evals with new clients

No

CCE Case Available: Yes

FULL SITE NAME:					
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
Program/Institution					
Department					
Address					
Supervisor Name and Degree					
Supervisor Email					
Supervisor Phone: Work/Cell		/			
Agency's Web Address					
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM			
CLIENT/PATIENT POPULATION:					
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)		
🗌 Individual 🔹 🗌 Grou	up	Couples	Eamily		
College Students	erans	Homeless	LGBTQ+		
Other:					
PRIMARY TREATMENT MODALITIES					
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy		
Interpersonal Therapy		Solution-Focused Brief Therapy			
Exposure Therapy		Marriage and Family Therapy			
Psychodynamic Psychotherapy		Play Therapy			
Dialectical Behavior Therapy		Motivational Interviewing			
Neuropsychology			0		
Other:					
Achievement and Aptitude Tests					
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests					
Other (list all major assessments	not included abov	ve):			
BRIEF OVERVIEW OF PROGRAM:					

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctora	al stude	nts we will	take froi	m College	of Psychology
Number of summer starts only	/:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (sl	hould e	ual total #	t of stude	ents listed	above)

1st **year** practicum students:

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours Students connot come to a practicum site if they have classes	there is no evention to this

hours. Students cannot come to a practicum site if they have classes -there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme	nts:			
Specific Evening Hours	Requireme	ents:		
Direct Clinical Contact (hours/wee	ek):		
CCE Case Available:	Yes	No		

CCE Case Available: Yes

Data Last Modified						
Program/Institution Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Acceptance and Commitment Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Meuropsychology Other: Assessment TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests						
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College Students Veterans Homeless LGBTQ+ Other:	(65+)					
Other:						
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Acceptance and Commitment Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests						
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 Neuropsychology Other:						
Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests						
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Objective Personality Tests Projective Personality Tests						
Projective Personality Tests						
BRIEF OVERVIEW OF PROGRAM:						

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students w	e will take from College of Psychology				
Number of summer starts only :					
Number of fall starts only :					
Will ONLY accept students who speak Span	sh: NO YES				
Spanish speakers preferred : NO YE	S				
Number of students by year (should equal total # of students listed above)					

1st **year** practicum students: _____

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization				
Background Check; if yes Level:	Proof of Health Insurance				
Fingerprints Physical Examination					
Drug Test Physician's Statement of Readiness					
Other (describe): TB Screening					
Other (describe):					
Student use of prescribed Medical Marijuana is permitted: NO YES					
Costs to park? If yes, how much per day? NO YES; COST:					

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
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DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme	ents:		
Specific Evening Hours	Requireme	ents:	
Direct Clinical Contact	(hours/wee	ek):	
CCE Case Available:	Yes	No	

CCE Case Available: Yes

Data Last Modified						
Program/Institution Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Acceptance and Commitment Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Meuropsychology Other: Assessment TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests						
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CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:						
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Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:						
College Students Veterans Homeless LGBTQ+ Other:	(65+)					
Other:						
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Acceptance and Commitment Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Assessment Type: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests						
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 Exposure Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	у					
 Psychodynamic Psychotherapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 						
 Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other:						
 Neuropsychology Other:						
Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests						
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests						
 Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 						
 Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 						
 Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 						
 Neuropsychological Tests Objective Personality Tests Projective Personality Tests 						
Objective Personality Tests Projective Personality Tests						
Projective Personality Tests						
BRIEF OVERVIEW OF PROGRAM:						

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we will take from College of Psychology						
Number of summer starts only:						
Number of fall starts only:						
Will ONLY accept students who speak Spanish: NO YES						
Spanish speakers preferred : NO YES						
Number of students by year (should equal total # of students listed above)						

1st year practicum students:

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization				
Background Check; if yes Level:	Proof of Health Insurance				
Fingerprints Physical Examination					
Drug Test Physician's Statement of Readiness					
Other (describe): TB Screening					
Other (describe):					
Student use of prescribed Medical Marijuana is permitted: NO YES					
Costs to park? If yes, how much per day? NO YES; COST:					

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)			
2 nd year practicum student hours:	(max hours 15-20/week)			
Elective practicum student hours:	(max hours 10-15/week)			
Note: The only thing that takes precedence over practicum hours are College of Psychology doctoral class				
hours. Students cannot come to a practicum site if they have classes -there is no exception to this.				

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Supervision Requirement	nts:		
Specific Evening Hours I	Requireme	nts:	
Direct Clinical Contact (nours/wee	k):	
CCE Case Available:	Yes	No	

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	Older Adults (65+)
🗌 Individual 🔹 🗌 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES	:		
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy
🔲 Interpersonal Therapy		Solution-Focused B	rief Therapy
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st year practicum students:

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
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Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	
· · · · · <u>·</u>	

CCE Case Available: Yes No

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			—
	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	Family
	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES	:	_	
Cognitive Behavioral Therapy			mmitment Therapy
Interpersonal Therapy		Solution-Focused B	
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abo	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctora	al stude	nts we wil	l take fro	m College (of Psychology
Number of summer starts only	/:				
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Will ONLY accept students who	o speak	Spanish:	NO	YES	
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Number of students by year (sh	hould e	ual total #	ŧ of stude	ents listed a	above)

1st **year** practicum students: _____

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
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Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

CCE Case Available: Yes No

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 🔤 Grou	up	Couples	Family
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy	:	Solution-Focused E	
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	hewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abo	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students we will take from College of Psychology
Number of summer starts only :
Number of fall starts only :
Will ONLY accept students who speak Spanish: NO YES
Spanish speakers preferred : NO YES
Number of students by year (should equal total # of students listed above)

1st year practicum students:

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme	nts:		
Specific Evening Hours I	Requireme	nts:	
Direct Clinical Contact (nours/wee	k):	
CCE Case Available:	Yes	No	

CCE Case Available: Yes

Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 🔤 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Familian Play Therapy Motivational Intervious 	ly Therapy
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Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
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BRIEF OVERVIEW OF PROGRAM:			

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Will ONLY accept students who speak Spanish: NO YES				
Spanish speakers preferred : NO YES				
Number of students by year (should equal total # of students listed above)				

1st year practicum students:

2nd year practicum students:

Elective practicum students: _____

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
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Drug Test	Physician's Statement of Readiness			
Other (describe):				
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1 st year practicum student hours:	(max hours 10-15/week)
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Elective practicum student hours:	(max hours 10-15/week)
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Mandatory Trainings/Meetings (days/hours):

Supervision Requirem	ents:		
Specific Evening Hours	Requirement	s:	
Direct Clinical Contact	(hours/week)	:	
CCE Case Available:	Yes	No	

Type of Site (check one): Nova PSC NonNSU Site Number: Data Last Modified
Program/Institution Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults (65+) Individual Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Acceptance and Commitment Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Matriage and Family Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology
Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults (65+) Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:
Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults (65+) Individual Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Address Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Metivational Interviewing Neuropsychology
Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults (65+) Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:
Supervisor Email / Supervisor Phone: Work/Cell / Agency's Web Address / BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Older Adults (19-64) Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults (65+) Individual Group College Students Veterans Veterans Homeless Other:
Supervisor Phone: Work/Cell / Agency's Web Address ////////////////////////////////////
Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION:
BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults (65+) Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:
CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults (65+) Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:
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Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:
College Students Veterans Homeless LGBTQ+ Other:
Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Acceptance and Commitment Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Neuropsychology
Cognitive Behavioral TherapyAcceptance and Commitment TherapyInterpersonal TherapySolution-Focused Brief TherapyExposure TherapyMarriage and Family TherapyPsychodynamic PsychotherapyPlay TherapyDialectical Behavior TherapyMotivational InterviewingNeuropsychologyNeuropsychology
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments not included above): BRIEF OVERVIEW OF PROGRAM:

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Total number of doctora	l stude	nts we will	take fro	m College (of Psychology
Number of summer starts only	:				
Number of fall starts only:					
Will ONLY accept students who	speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (sh	ould ea	ual total #	of stude	ents listed a	above)

1st **year** practicum students: _____

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is permitted: NO YES				
Costs to park? If yes, how much per day? NO	YES; COST:			

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Supervision Requireme	nts:		
Specific Evening Hours	Requiremer	its:	
Direct Clinical Contact (hours/week):	
CCE Case Available:	Yes	No	

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)	
🗌 Individual 📃 Grou	qu	Couples	Eamily	
College Students		Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused B Marriage and Famil Play Therapy Motivational Interv 	ly Therapy	
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments not included above):				
BRIEF OVERVIEW OF PROGRAM:				

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Number of fall starts only:					
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1st year practicum students: _____

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Interview	Proof of Immunization			
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Other (describe):	TB Screening			
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Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

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Supervisor Email	L		
Supervisor Phone: Work/Cell	ļ	/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	E Family
	erans	Homeless	LGBTQ+
Other:		<u>.</u>	
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:	:	 Acceptance and Co Solution-Focused B Marriage and Famil Play Therapy Motivational Interv 	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		/e):	

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Total number of doctoral students we wi	II take from College of Psychology
Number of summer starts only :	
Number of fall starts only :	
Will ONLY accept students who speak Spanish:	NO YES
Spanish speakers preferred : NO YES	
Number of students by year (should equal total	# of students listed above)

1st year practicum students:

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
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Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
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Supervision Requireme	nts:		
Specific Evening Hours	Requireme	nts:	
Direct Clinical Contact (hours/wee	k):	
CCE Case Available:	Yes	No	

FULL SITE NAME:	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
Program/Institution					
Department					
Address					
Supervisor Name and Degree					
Supervisor Email					
Supervisor Phone: Work/Cell		/			
Agency's Web Address					
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM			
CLIENT/PATIENT POPULATION:					
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	Older Adults (65+)		
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College Students	erans	Homeless	LGBTQ+		
Other:					
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ASSESSMENT TYPE:					
Achievement and Aptitude Tests					
Neuropsychological Tests					
Objective Personality Tests					
 Projective Personality Tests Other (list all major assessments not included above): 					
BRIEF OVERVIEW OF PROGRAM:					

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Number of summer starts only :	
Number of fall starts only :	
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Spanish speakers preferred : NO YE	S
Number of students by year (should equal t	otal # of students listed above)

1st year practicum students:

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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Background Check; if yes Level:	Proof of Health Insurance			
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Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirem	ents:		
Specific Evening Hours	Requirement	s:	
Direct Clinical Contact	(hours/week):		
CCE Case Available:	Yes	No	

Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
Program/Institution					
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Supervisor Name and Degree					
Supervisor Email					
Supervisor Phone: Work/Cell		/			
Agency's Web Address					
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM			
CLIENT/PATIENT POPULATION:					
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)		
🗌 Individual 🔤 Grou	qu	Couples	Eamily		
College Students	erans	Homeless	LGBTQ+		
Other:					
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Familian Play Therapy Motivational Intervious 	ly Therapy		
ASSESSMENT TYPE:					
Achievement and Aptitude Tests					
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests					
Other (list all major assessments	not included abov	/e):			
BRIEF OVERVIEW OF PROGRAM:					

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Total number of doctora	al stude	nts we wil	l take fro	m College (of Psychology
Number of summer starts only	/:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (sh	hould e	ual total #	ŧ of stude	ents listed a	above)

1st year practicum students:

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
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Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
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Mandatory Trainings/Meetings (days/hours):

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Supervision Requireme	ents:		
Specific Evening Hours	Requiremen	nts:	
Direct Clinical Contact	(hours/weel	():	
CCE Case Available:	Yes	No	

Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
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Supervisor Name and Degree					
Supervisor Email					
Supervisor Phone: Work/Cell		/			
Agency's Web Address					
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM			
CLIENT/PATIENT POPULATION:					
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)		
🗌 Individual 🔤 Grou	qu	Couples	Eamily		
College Students	erans	Homeless	LGBTQ+		
Other:					
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Familian Play Therapy Motivational Intervious 	ly Therapy		
ASSESSMENT TYPE:					
Achievement and Aptitude Tests					
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests					
Other (list all major assessments	not included abov	/e):			
BRIEF OVERVIEW OF PROGRAM:					

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Total number of doctora	al stude	nts we wil	l take fro	m College (of Psychology
Number of summer starts only	/:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (sh	hould e	ual total #	ŧ of stude	ents listed a	above)

1st year practicum students:

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requireme	nts:		
Specific Evening Hours	Requireme	nts:	
Direct Clinical Contact (hours/weel	k):	
CCE Case Available:	Yes	No	

FULL SITE NAME:				
Type of Site (check one): Nova PSC NonNSU Site Number:				
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:	escents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Grou		Couples	Family	
	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:	:	 Acceptance and Co Solution-Focused B Marriage and Fami Play Therapy Motivational Interv 	ly Therapy	
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:	not included abo [,]	ve):		

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Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
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Other (describe):	TB Screening		
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Student use of prescribed Medical Marijuana is permitted: NO YES			
Costs to park? If yes, how much per day? NO YES; COST:			

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
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Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
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· · · · <u></u>	

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email		· · · ·		
Supervisor Phone: Work/Cell		/		
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BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
🗌 Individual 🔤 Grou	up	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES	:			
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Family Therapy		
Sychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Dialectical Behavior Therapy Motivational Interviewing Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments not included above):				
BRIEF OVERVIEW OF PROGRAM:				

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Total number of doctoral students we will take	e from College of Psychology
Number of summer starts only :	
Number of fall starts only :	
Will ONLY accept students who speak Spanish: N	O YES
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Number of students by year (should equal total # of s	tudents listed above)

1st year practicum students: _____

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Elective practicum students:

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Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments not included above):				
BRIEF OVERVIEW OF PROGRAM:				

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Number of summer starts only :	
Number of fall starts only :	
Will ONLY accept students who speak Spanish: NO YES	
Spanish speakers preferred : NO YES	
Number of students by year (should equal total # of students listed above)	

1st year practicum students:

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
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Student use of prescribed Medical Marijuana is per	mitted: NO YES			
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Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
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Department			
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Supervisor Name and Degree			
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CLIENT/PATIENT POPULATION:			
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
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College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Familian Play Therapy Motivational Intervious 	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st year practicum students:

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirem	ents:			
Specific Evening Hours	Requiremen	nts:		
Direct Clinical Contact	(hours/week	:):		
CCF Case Available	Vos	No		

FULL SITE NAME:			
Type of Site (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	h	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:	:	 Acceptance and Co Solution-Focused B Marriage and Famil Play Therapy Motivational Interv 	rief Therapy ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments BRIEF OVERVIEW OF PROGRAM:		/e):	

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Total number of doctor	al stude	nts we wil	l take fro	m College	of Psychology
Number of summer starts only	y:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st year practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	rmitted: NO YES			
Costs to park? If yes, how much per day? NO	YES; COST:			

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hours Students cannot come to a practicum site if they have classes	there is no evention to this

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Supervision Requirements:			
Specific Evening Hours Requi	rements:		
Direct Clinical Contact (hours)	/week):		

Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 🔤 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
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ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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Number of summer starts only	y:				
Number of fall starts only:					
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Spanish speakers preferred :	NO	YES			
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1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

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Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is permitted: NO YES			
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Supervision Requirements:	
Specific Evening Hours Requir	ements:
Direct Clinical Contact (hours/	week):

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	
	erans	Homeless	LGBTQ+
Other:			
	:	_	
Cognitive Behavioral Therapy		Acceptance and Co	
Interpersonal Therapy		Solution-Focused B	• •
Exposure Therapy		Marriage and Famil	y Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	iewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students we wi	II take from College of Psychology
Number of summer starts only :	
Number of fall starts only :	
Will ONLY accept students who speak Spanish:	NO YES
Spanish speakers preferred : NO YES	
Number of students by year (should equal total	# of students listed above)

1st year practicum students: _____

2nd year practicum students:

Elective practicum students:

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Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is permitted: NO YES			
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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen	nts:		
Specific Evening Hours I	Requirem	ents:	
Direct Clinical Contact (hours/we	ek):	
CCE Case Available:	Yes	No	

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address	 			
Supervisor Name and Degree				
Supervisor Email	<u> </u>			
Supervisor Phone: Work/Cell	<u> </u>	/		
Agency's Web Address	L			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:	lacconte (12, 18)	Adults (19-64)	Older Adults (65+)	
	lescents (13-18)	$\Box Couples$	Family	
	erans	Homeless		
	:1 0115			
Other:				
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy	:	Acceptance and Co	mmitment Therapy	
Interpersonal Therapy		Solution-Focused B	rief Therapy	
Exposure Therapy		Marriage and Family Therapy		
Psychodynamic Psychotherapy		🗌 Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments	not included abov	/e):		
BRIEF OVERVIEW OF PROGRAM:				

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Total number of doctor	al stude	nts we wil	l take fro	m College	of Psychology
Number of summer starts only	y:				
Number of fall starts only:					
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Spanish speakers preferred :	NO	YES			
Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st **year** practicum students: _____

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Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
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Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	mitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

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Mandatory Trainings/Meetings (days/hours):

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Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	
· · · · <u></u>	

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 🔹 🗌 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES			
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy
Interpersonal Therapy		Solution-Focused B	rief Therapy
Exposure Therapy		Marriage and Fami	ly Therapy
Sychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interviewing	
Neuropsychology			0
Other:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students w	e will take from College of Psychology
Number of summer starts only :	
Number of fall starts only :	
Will ONLY accept students who speak Span	sh: NO YES
Spanish speakers preferred : NO YE	S
Number of students by year (should equal t	otal # of students listed above)

1st year practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is permitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:	

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2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 🔤 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Familian Play Therapy Motivational Intervious 	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students we wi	II take from College of Psychology
Number of summer starts only :	
Number of fall starts only :	
Will ONLY accept students who speak Spanish:	NO YES
Spanish speakers preferred : NO YES	
Number of students by year (should equal total	# of students listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe): TB Screening			
Other (describe):			
Student use of prescribed Medical Marijuana is permitted: NO YES			
Costs to park? If yes, how much per day? NO YES; COST:			

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
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Mandatory Trainings/Meetings (days/hours):

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Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			—
	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	Family
	erans	Homeless	LGBTQ+
Other:			
Cognitive Behavioral Therapy			mmitment Therapy
Interpersonal Therapy		Solution-Focused B	
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments not included above):			
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should equal total # of students listed above)			

1st year practicum students: _____

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
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Student use of prescribed Medical Marijuana is permitted: NO YES			
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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

Data Last Modified			
Program/Institution Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Acceptance and Commitment Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Meuropsychology Other: Assessment TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests			
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Supervisor Email / Supervisor Phone: Work/Cell / Agency's Web Address / BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION:			
Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Adults (19-64) Older Adults Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:			
BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:			
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College Students Veterans Homeless LGBTQ+ Other:	(65+)		
Other:			
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Acceptance and Commitment Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests			
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 Psychodynamic Psychotherapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 			
 Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other:			
 Neuropsychology Other:			
Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests			
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 Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 			
 Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 			
 Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 			
 Neuropsychological Tests Objective Personality Tests Projective Personality Tests 			
Objective Personality Tests Projective Personality Tests			
Projective Personality Tests			
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students we wi	II take from College of Psychology		
Number of summer starts only :			
Number of fall starts only :			
Will ONLY accept students who speak Spanish:	NO YES		
Spanish speakers preferred : NO YES			
Number of students by year (should equal total # of students listed above)			

1st **year** practicum students: _____

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Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe): TB Screening			
Other (describe):			
Student use of prescribed Medical Marijuana is permitted: NO YES			
Costs to park? If yes, how much per day? NO YES; COST:			

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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

CCE Case Available: Yes No

OUT FOR 22-23

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIF	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	<i>(</i>		
	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	Family
College Students	erans	Homeless	LGBTQ+
Other:			
	:	_	
Cognitive Behavioral Therapy Acceptance and Commitment Therapy		mmitment Therapy	
Interpersonal Therapy		Solution-Focused B	rief Therapy
Exposure Therapy Marriage and Family Therapy		ly Therapy	
Psychodynamic Psychotherapy Play Therapy			
Dialectical Behavior Therapy Dialectical Behavior Therapy Dialectical Behavior Therapy		viewing	
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments not included above):			
BRIEF OVERVIEW OF PROGRAM:			

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THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral stu	dents we will ta	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen [.]	ts listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is permitted: NO YES		
Costs to park? If yes, how much per day? NO YES; COST:		

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	
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FULL SITE NAME:					
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
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CLIENT/PATIENT POPULATION:					
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)		
🗌 🗌 Individual 🔤 Grou	up	Couples	Eamily		
College Students	erans	Homeless	LGBTQ+		
Other:					
PRIMARY TREATMENT MODALITIES					
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy		
Interpersonal Therapy		Solution-Focused Brief Therapy			
Exposure Therapy		Marriage and Family Therapy			
Sychodynamic Psychotherapy		Play Therapy			
Dialectical Behavior Therapy		Motivational Interviewing			
Neuropsychology			0		
Other:					
Achievement and Aptitude Tests					
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests					
Other (list all major assessments	not included abov	ve):			
BRIEF OVERVIEW OF PROGRAM:					

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Number of summer starts only	y:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st **year** practicum students: _____

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Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	mitted: NO YES		
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Individual Grou	•	Couples	Family
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Other:			
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Cognitive Behavioral Therapy			mmitment Therapy
Interpersonal Therapy		Solution-Focused B	
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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Number of summer starts only :	
Number of fall starts only :	
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Spanish speakers preferred : NO YE	S
Number of students by year (should equal t	otal # of students listed above)

1st year practicum students:

2nd year practicum students: _____

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES	:	—	
Cognitive Behavioral Therapy			mmitment Therapy
Interpersonal Therapy		Solution-Focused B	
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
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Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
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Spanish speakers preferred :	NO	YES			
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🗌 🗌 Individual 🔤 Grou	up	Couples	Eamily		
College Students	erans	Homeless	LGBTQ+		
Other:					
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Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy		
Interpersonal Therapy		Solution-Focused Brief Therapy			
Exposure Therapy		Marriage and Family Therapy			
Psychodynamic Psychotherapy		Play Therapy			
Dialectical Behavior Therapy		Motivational Interviewing			
Other:					
Achievement and Aptitude Tests					
Neuropsychological Tests					
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BRIEF OVERVIEW OF PROGRAM:					

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Specific Evening Hours	Requireme	nts:	
Direct Clinical Contact	(hours/wee	k):	
CCE Case Available:	Yes	No	

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:			—	
	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Grou	•	Couples	Family	
	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES	:	_		
Cognitive Behavioral Therapy			mmitment Therapy	
Interpersonal Therapy		Solution-Focused B		
Exposure Therapy		Marriage and Fami	ly Therapy	
Psychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy Otivational Interviewing				
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments	not included abo	ve):		
BRIEF OVERVIEW OF PROGRAM:				

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CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 📃 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused B Marriage and Fami Play Therapy Motivational Interv 	ly Therapy
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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Will ONLY accept students who	o speak	Spanish:	NO	YES	
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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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Number of summer starts only	y:				
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Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st **year** practicum students: _____

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Elective practicum students:

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Other:				
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy	:	Solution-Focused E		
Psychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments	not included abo	ve):		
BRIEF OVERVIEW OF PROGRAM:				

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Total number of doctoral students we wil	l take fro	om College of Pa	sychology
Number of summer starts only :			
Number of fall starts only :			
Will ONLY accept students who speak Spanish:	NO	YES	
Spanish speakers preferred : NO YES			
Number of students by year (should equal total)	# of stud	onts listed abov	(A)

Number of students by year (should equal total # of students listed above)

1st year practicum students: _____

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Neuropsychology			0
Other:			
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1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

Data Last Modified	
Program/Institution Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Acceptance and Commitment Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Meuropsychology Other: Assessment TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests	
Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Other 13) Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Matriage and Family Therapy Other: Assessment Type: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests	
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Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
Supervisor Email / Supervisor Phone: Work/Cell / Agency's Web Address / BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION:	
Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Adults (19-64) Older Adults Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
College Students Veterans Homeless LGBTQ+ Other:	(65+)
Other:	
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Acceptance and Commitment Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Assessment Type: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
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 Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other:	
 Exposure Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	у
 Psychodynamic Psychotherapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other:	
 Neuropsychology Other:	
Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
 Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
Objective Personality Tests Projective Personality Tests	
Projective Personality Tests	
BRIEF OVERVIEW OF PROGRAM:	

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students w	e will take from College of Psychology
Number of summer starts only :	
Number of fall starts only :	
Will ONLY accept students who speak Span	sh: NO YES
Spanish speakers preferred : NO YE	S
Number of students by year (should equal t	otal # of students listed above)

1st **year** practicum students: _____

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe): TB Screening		
Other (describe):		
Student use of prescribed Medical Marijuana is permitted: NO YES		
Costs to park? If yes, how much per day? NO YES; COST:		

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements	
Direct Clinical Contact (hours/week):	

Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 🔤 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Familian Play Therapy Motivational Intervious 	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctor	al stude	nts we wil	l take fro	m College	of Psychology
Number of summer starts only	y:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
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Direct Clinical Contact (hours/week):	

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Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			—
	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	Family
	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES	:	_	
Cognitive Behavioral Therapy			mmitment Therapy
Interpersonal Therapy		Solution-Focused B	
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abo	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
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Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 🔹 🗌 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused B Marriage and Fami Play Therapy Motivational Interv 	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	rmitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	
· · · · <u></u>	

Type of Site (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	imber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 🔤 Gro	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Family Play Therapy Motivational Intervious 	ily Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abo	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization		
Background Check; if yes Level:	Proof of Health Insurance		
Fingerprints	Physical Examination		
Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
Other (describe):			
Student use of prescribed Medical Marijuana is per	rmitted: NO YES		
Costs to park? If yes, how much per day? NO	YES; COST:		

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
🗌 Individual 🔹 🗍 Grou	up	Couples	Family	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES				
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Fami	ly Therapy	
Psychodynamic Psychotherapy		🗌 Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments	not included abov	ve):		
BRIEF OVERVIEW OF PROGRAM:				

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Total number of doctor	al stude	nts we wil	l take fro	m College	of Psychology
Number of summer starts only	y:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou		Couples	Family
	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology	:	 Acceptance and Co Solution-Focused B Marriage and Fami Play Therapy Motivational Interv 	ly Therapy
Other:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students we will take fro	om College of Psychology
Number of summer starts only :	
Number of fall starts only :	
Will ONLY accept students who speak Spanish: NO	YES
Spanish speakers preferred : NO YES	
Number of students by year (should equal total # of stud	ents listed above)

Number of students by year (should equal total # of students listed above)

1st year practicum students: _____

2nd year practicum students:_____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
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Supervision Requirements:	
Specific Evening Hours Requirements:	
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FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:		_	_
	lescents (13-18)	🗌 Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	Family
College Students	erans	Homeless	LGBTQ+
Other:			
	:	_	
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy
Interpersonal Therapy		Solution-Focused B	brief Therapy
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctor	al stude	nts we wil	l take fro	m College	of Psychology
Number of summer starts only	y:				
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Will ONLY accept students who	o speak	Spanish:	NO	YES	
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Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st **year** practicum students: _____

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Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
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Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

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Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requiremen	ts:		
Specific Evening Hours R	equiremen	its:	
Direct Clinical Contact (h	ours/week):	
CCE Case Available:	Yes	No	

FULL SITE NAME: Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
Program/Institution					
Department					
Address					
Supervisor Name and Degree					
Supervisor Email					
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BRIEF CLINICAL DESCRIPTION OF PROGRAM					
CLIENT/PATIENT POPULATION:					
Children (under 13)	lescents (13-18)	🗌 Adults (19-64)	Older Adults (65+)		
🗌 Individual 🔤 Grou	qu	Couples	Eamily		
College Students	erans	Homeless	LGBTQ+		
Other:					
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Familian Play Therapy Motivational Intervious 	ly Therapy		
ASSESSMENT TYPE:					
Achievement and Aptitude Tests					
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests					
Other (list all major assessments not included above):					
BRIEF OVERVIEW OF PROGRAM:					

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Number of summer starts only :			
Number of fall starts only :			
Will ONLY accept students who speak Spanish:	: NO YES		
Spanish speakers preferred : NO YES			
Number of students by year (should equal total # of students listed above)			

1st year practicum students:

2nd year practicum students: _____

Elective practicum students: —

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is permitted: NO YES		
Costs to park? If yes, how much per day? NO YES; COST:		

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)	
2 nd year practicum student hours:	(max hours 15-20/week)	
Elective practicum student hours:	(max hours 10-15/week)	
Note: The only thing that takes precedence over practicum hours are College of Psychology doctoral class		
hours. Students cannot come to a practicum site if they have classes -there is no exception to this.		

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

Data Last Modified	
Program/Institution Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Acceptance and Commitment Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Meuropsychology Other: Assessment TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests	
Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Other 13) Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Matriage and Family Therapy Other: Assessment Type: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests	
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Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
Supervisor Email / Supervisor Phone: Work/Cell / Agency's Web Address / BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION:	
Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Adults (19-64) Older Adults Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
College Students Veterans Homeless LGBTQ+ Other:	(65+)
Other:	
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Acceptance and Commitment Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
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 Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other:	
 Exposure Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	у
 Psychodynamic Psychotherapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other:	
 Neuropsychology Other:	
Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
 Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
Objective Personality Tests Projective Personality Tests	
Projective Personality Tests	
BRIEF OVERVIEW OF PROGRAM:	

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is permitted: NO YES				
Costs to park? If yes, how much per day? NO	YES; COST:			

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES			
Cognitive Behavioral Therapy		Acceptance and Co	ommitment Therapy
Interpersonal Therapy		Solution-Focused B	Brief Therapy
Exposure Therapy		Marriage and Fami	ily Therapy
Psychodynamic Psychotherapy		🗌 Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	ve).	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe):	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is permitted: NO YES				
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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

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Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES			
Cognitive Behavioral Therapy		Acceptance and Co	ommitment Therapy
Interpersonal Therapy		Solution-Focused B	Brief Therapy
Exposure Therapy		Marriage and Fami	ily Therapy
Psychodynamic Psychotherapy		🗌 Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	ve).	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students we will take from College of Psychology	
Number of summer starts only :	
Number of fall starts only :	
Vill ONLY accept students who speak Spanish: NO YES	
panish speakers preferred : NO YES	
Number of students by year (should equal total # of students listed above)	

1st year practicum students:

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
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Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
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DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
🗌 Individual 🔹 🗌 Grou	up	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES				
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy	
Interpersonal Therapy		Solution-Focused B	rief Therapy	
Exposure Therapy		Marriage and Fami	ly Therapy	
Psychodynamic Psychotherapy		Play Therapy		
Dialectical Behavior Therapy		viewing		
Other:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments	not included abov	ve):		
BRIEF OVERVIEW OF PROGRAM:				

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
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Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)	
🗌 Individual 🔤 Grou	qu	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Familian Play Therapy Motivational Intervious 	ly Therapy	
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments	not included abov	/e):		
BRIEF OVERVIEW OF PROGRAM:				

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

FULL SITE NAME:	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 🔹 🗌 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused B Marriage and Fami Play Therapy Motivational Interv 	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments not included above):			
BRIEF OVERVIEW OF PROGRAM:			

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should equal total # of students listed above)			

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe): TB Screening				
Other (describe):				
Student use of prescribed Medical Marijuana is permitted: NO YES				
Costs to park? If yes, how much per day? NO YES; COST:				

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)			
2 nd year practicum student hours:	(max hours 15-20/week)			
Elective practicum student hours:	(max hours 10-15/week)			
Note: The only thing that takes precedence over practicum hours are College of Psychology doctoral class				
hours. Students cannot come to a practicum site if they have classes -there is no exception to this.				

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	
· · · · · ·	

Data Last Modified				
Program/Institution Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Acceptance and Commitment Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Meuropsychology Other: Assessment TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests				
Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Other 13) Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Dialectical Behavior Therapy Marriage and Family Therapy Dialectical Behavior Therapy Meuropsychology Other: Assessment Type: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests				
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Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:				
Supervisor Email / Supervisor Phone: Work/Cell / Agency's Web Address / BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION:				
Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Adults (19-64) Older Adults Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:				
BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:				
CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:				
Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:				
Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:				
College Students Veterans Homeless LGBTQ+ Other:	(65+)			
Other:				
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Acceptance and Commitment Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests				
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 Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other:				
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 Psychodynamic Psychotherapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 				
 Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other:				
 Neuropsychology Other:				
Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests				
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 Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 				
 Neuropsychological Tests Objective Personality Tests Projective Personality Tests 				
Objective Personality Tests Projective Personality Tests				
Projective Personality Tests				
BRIEF OVERVIEW OF PROGRAM:				

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we will take from College of Psychology			
Number of summer starts only :			
Number of fall starts only :			
Will ONLY accept students who speak Spanish: NO YES			
Spanish speakers preferred : NO YES			
Number of students by year (should equal total # of students listed above)			

1st year practicum students:

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Other (describe): TB Screening				
Other (describe):				
Student use of prescribed Medical Marijuana is permitted: NO YES				
Costs to park? If yes, how much per day? NO YES; COST:				

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)		
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Elective practicum student hours:	(max hours 10-15/week)		
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hours. Students cannot come to a practicum site if they have classes -there is no exception to this.			

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements	
Direct Clinical Contact (hours/week):	

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES			
Cognitive Behavioral Therapy		Acceptance and Co	ommitment Therapy
Interpersonal Therapy		Solution-Focused B	Brief Therapy
Exposure Therapy Marriage and Family Therapy			ily Therapy
Psychodynamic Psychotherapy Play Therapy			
Dialectical Behavior Therapy		viewing	
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments not included above):			
BRIEF OVERVIEW OF PROGRAM:			

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral students we wil	ll take fro	om College	of Psychology
Number of summer starts only :			
Number of fall starts only :			
Will ONLY accept students who speak Spanish:	NO	YES	
Spanish speakers preferred : NO YES			
Number of students by year (should equal total #	# of stud	ents listed a	above)

1st year practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:
· · ·	

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	max hours 10-15/week)
Note : The only thing that takes precedence over practicum hours are	College of Psychology doctoral of

class hours. Students cannot come to a practicum site if they have classes -there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements	
Direct Clinical Contact (hours/week):	

FULL SITE NAME:				
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:	
Data Last Modified				
Program/Institution				
Department				
Address				
Supervisor Name and Degree				
Supervisor Email				
Supervisor Phone: Work/Cell		/		
Agency's Web Address				
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM		
CLIENT/PATIENT POPULATION:				
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)	
Individual Grou	up	Couples	Eamily	
College Students	erans	Homeless	LGBTQ+	
Other:				
PRIMARY TREATMENT MODALITIES				
Cognitive Behavioral Therapy		Acceptance and Co	ommitment Therapy	
Interpersonal Therapy		Solution-Focused Brief Therapy		
Exposure Therapy		Marriage and Family Therapy		
Psychodynamic Psychotherapy		🗌 Play Therapy		
Dialectical Behavior Therapy		Motivational Interviewing		
Neuropsychology				
Other:				
ASSESSMENT TYPE:				
Achievement and Aptitude Tests				
Intelligence Tests				
Neuropsychological Tests				
Objective Personality Tests				
Projective Personality Tests				
Other (list all major assessments	not included abov	ve).		
BRIEF OVERVIEW OF PROGRAM:				

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Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NO	YES		
Number of students by year (should	equal total # c	of studer	its listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):		
Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
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Elective practicum student hours:	(max hours 10-15/week)
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Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week): _	

FULL SITE NAME:			
Type of Site (check one): 🗌 Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	🗌 Adults (19-64)	🗌 Older Adults (65+)
🗌 🗌 Individual 👘 🗌 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES	:		
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy
Interpersonal Therapy		Solution-Focused B	rief Therapy
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		🗌 Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctor	al stude	nts we wil	l take fro	m College	of Psychology
Number of summer starts only	y:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe): TB Screening		
Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
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hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

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Supervision Requirements:	
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FULL SITE NAME:	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 🔹 🗌 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused B Marriage and Fami Play Therapy Motivational Interv 	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral students we will	take fro	m College of Psycholo	ogy
Number of summer starts only :			
Number of fall starts only :			
Will ONLY accept students who speak Spanish:	NO	YES	
Spanish speakers preferred : NO YES			
N		I - I' - I - I - I	

Number of students by year (should equal total # of students listed above)

1st year practicum students: _____

2nd year practicum students:

Elective practicum students: _____

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other:	TB Screening
Student use of prescribed Medical Marijuana is per	rmitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
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Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours Students cannot come to a practicum site if they have classes	_there is no exception to this

hours. Students cannot come to a practicum site if they have classes -there is no exception to this.

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Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is **outside of regular required curriculum/grades**):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

Data Last Modified	
Program/Institution Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Acceptance and Commitment Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Meuropsychology Other: Assessment TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests	
Department Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Other 13) Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Interpersonal Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Dialectical Behavior Therapy Marriage and Family Therapy Dialectical Behavior Therapy Meuropsychology Other: Assessment Type: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests	
Address Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Aduits (19-64) Older Adults Individual Group College Students Veterans Homeless LGBTQ+ Other: PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Acceptance and Commitment Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Meuropsychology Other: Assessment rule Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
Supervisor Name and Degree Supervisor Email Supervisor Phone: Work/Cell Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
Supervisor Email / Supervisor Phone: Work/Cell / Agency's Web Address / BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION:	
Supervisor Phone: Work/Cell / Agency's Web Address BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Adults (19-64) Older Adults Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
BRIEF CLINICAL DESCRIPTION OF PROGRAM CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
CLIENT/PATIENT POPULATION: Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
Children (under 13) Adolescents (13-18) Adults (19-64) Older Adults Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
Individual Group Couples Family College Students Veterans Homeless LGBTQ+ Other:	
College Students Veterans Homeless LGBTQ+ Other:	(65+)
Other:	
PRIMARY TREATMENT MODALITIES: Cognitive Behavioral Therapy Acceptance and Commitment Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Assessment Type: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
Cognitive Behavioral Therapy Acceptance and Commitment Therapy Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Acceptance Type: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
 Interpersonal Therapy Solution-Focused Brief Therapy Exposure Therapy Marriage and Family Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other:	
 Exposure Therapy Psychodynamic Psychotherapy Play Therapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	у
 Psychodynamic Psychotherapy Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Dialectical Behavior Therapy Motivational Interviewing Neuropsychology Other:	
 Neuropsychology Other:	
Other: ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests	
 Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
 Neuropsychological Tests Objective Personality Tests Projective Personality Tests 	
Objective Personality Tests Projective Personality Tests	
Projective Personality Tests	
BRIEF OVERVIEW OF PROGRAM:	

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctor	al stude	nts we wil	l take fro	m College	of Psychology
Number of summer starts only	y:				
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred :	NO	YES			
Number of students by year (s	hould ea	ual total #	ŧ of stude	ents listed a	above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Other (describe):	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Costs to park? If yes, how much per day? NO	YES; COST:

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)
2 nd year practicum student hours:	(max hours 15-20/week)
Elective practicum student hours:	(max hours 10-15/week)
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class
hours. Students cannot come to a practicum site if they have classes	-there is no exception to this.

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

FULL SITE NAME:	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)
🗌 Individual 🔹 🗌 Grou	up	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused B Marriage and Fami Play Therapy Motivational Interv 	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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Supervision Requirements:	
Specific Evening Hours Require	ements:
Direct Clinical Contact (hours/	week):

FULL SITE NAME:					
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:		
Data Last Modified					
Program/Institution					
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Address					
Supervisor Name and Degree					
Supervisor Email					
Supervisor Phone: Work/Cell		/			
Agency's Web Address					
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM			
CLIENT/PATIENT POPULATION:					
Children (under 13)	lescents (13-18)	Adults (19-64)	Older Adults (65+)		
🗌 Individual 🔹 🗍 Grou	up	Couples	Family		
College Students	erans	Homeless	LGBTQ+		
Other:					
PRIMARY TREATMENT MODALITIES					
Cognitive Behavioral Therapy		Acceptance and Co	mmitment Therapy		
Interpersonal Therapy		Solution-Focused Brief Therapy			
Exposure Therapy		Marriage and Family Therapy			
Psychodynamic Psychotherapy		Play Therapy			
Dialectical Behavior Therapy		Motivational Interviewing			
Neuropsychology					
Other:					
ASSESSMENT TYPE:					
Achievement and Aptitude Tests					
Intelligence Tests					
Neuropsychological Tests					
Objective Personality Tests					
Projective Personality Tests					
Other (list all major assessments	not included abov	ve):			
BRIEF OVERVIEW OF PROGRAM:					

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Number of summer starts only:			
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Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st **year** practicum students: _____

2nd year practicum students: _____

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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Background Check; if yes Level:	Proof of Health Insurance		
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Drug Test	Physician's Statement of Readiness		
Other (describe):	TB Screening		
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Supervision Requirements:	
Specific Evening Hours Requiremen	its:
Direct Clinical Contact (hours/week	x):

FULL SITE NAME:			
Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			—
	lescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Grou	•	Couples	Family
	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES	:	_	
Cognitive Behavioral Therapy			mmitment Therapy
Interpersonal Therapy		Solution-Focused B	
Exposure Therapy		Marriage and Fami	ly Therapy
Psychodynamic Psychotherapy		Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
Neuropsychology			
Other:			
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abo	ve):	
BRIEF OVERVIEW OF PROGRAM:			

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Total number of doctor	al stude	nts we wil	l take fro	m College o	of Psychology
Number of summer starts only	/:			_	
Number of fall starts only:					
Will ONLY accept students who	o speak	Spanish:	NO	YES	
Spanish speakers preferred:	NO	YES			
Number of students by year (s	hould ea	nual total #	ŧ of stude	ents listed a	above)

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1st year practicum students: _____

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
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DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	

CCE Case Available: Yes No

COVID-19 ALTERATIONS

Supervisor will be readily accessible when not on site by cellphone, instant secure messaging system (e.g., Skype) or email. A back-up point of contact who is a licensed psychologist will be identified as a second resource trainee can reach out to. Regularly scheduled weekly supervision will be conducted virtually via video sharing (Skype or other secure platform) and via face to face. Externs will primarily provide services at-a-distance via telehealth for individual therapy, assessment and group psychotherapy, and psychoeducation as these activities correspond with the assigned rotation.

Type of Site (check one): Nova	PSC 🗌 NonNSU	Site Nu	mber:
Data Last Modified			
Program/Institution			
Department			
Address			
Supervisor Name and Degree			
Supervisor Email			
Supervisor Phone: Work/Cell		/	
Agency's Web Address			
BRIEF	CLINICAL DESCRIP	TION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
🗌 Children (under 13) 👘 🗌 Ado	lescents (13-18)	Adults (19-64)	🗌 Older Adults (65+)
🗌 Individual 🔤 Grou	qu	Couples	Eamily
College Students	erans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES Cognitive Behavioral Therapy Interpersonal Therapy Exposure Therapy Psychodynamic Psychotherapy Dialectical Behavior Therapy Neuropsychology Other:		 Acceptance and Co Solution-Focused E Marriage and Familian Play Therapy Motivational Intervious 	ly Therapy
ASSESSMENT TYPE:			
Achievement and Aptitude Tests			
Intelligence Tests			
Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessments	not included abov	/e):	
BRIEF OVERVIEW OF PROGRAM:			

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total number of doctoral stu	dents we will t	ake from	College of Psychology
Number of summer starts only:			
Number of fall starts only:			
Will ONLY accept students who spea	ak Spanish:	NO	YES
Spanish speakers preferred : NC	YES		
Number of students by year (should	equal total # c	of studen	ts listed above)

1st year practicum students: _____

2nd year practicum students:

Elective practicum students:

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Other (describe):	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	mitted: NO YES	
Costs to park? If yes, how much per day? NO	YES; COST:	

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1 st year practicum student hours:	(max hours 10-15/week)	
2 nd year practicum student hours:	(max hours 15-20/week)	
Elective practicum student hours:	(max hours 10-15/week)	
Note: The only thing that takes precedence over practicum hours are	College of Psychology doctoral class	
hours. Students cannot come to a practicum site if they have classes -there is no exception to this.		

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours):

Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):

Supervision Requirements:	
Specific Evening Hours Requirements:	
Direct Clinical Contact (hours/week):	