

PRACTICUM BROCHURE

2022-2023

**Nova Southeastern University
College of Psychology
Doctoral Program**



NOVA SOUTHEASTERN
UNIVERSITY

2022-2023 PRACTICUM BROCHURE TABLE OF CONTENTS

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
Department	
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CLIENT/PATIENT POPULATION:

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| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

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| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
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<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

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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

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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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: Family Violence Program (FVP)

Type of Site (check one): ☒ Nova PSC ☐ NonNSU

Site Number: 6118

Data Last Modified	August 2021
Program/Institution	Family Violence Program
Department	College of Psychology
Address	3301 College Avenue, Fort Lauderdale, FL 33314
Supervisor Name and Degree	Vincent B. Van Hasselt, PhD
Supervisor Email	vanhasse@nova.edu
Supervisor Phone: Work/Cell	954-262-5752 / N/A
Agency's Web Address	vanhasse@nova.edu

BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input checked="" type="checkbox"/> Adults (19-64) | <input checked="" type="checkbox"/> Older Adults (65+) |
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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): Personality and Forensic

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: ☒ NO ☐ YES

Spanish speakers **preferred**: ☐ NO ☒ 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: N/A

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input checked="" type="checkbox"/> Background Check; if yes Level: <u>1</u>	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe):	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe):	
Student use of prescribed Medical Marijuana is permitted: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
Costs to park? If yes, how much per day? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES; COST :	

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1st year practicum student hours: 12-14 hours (max hours **10-15/week**)

2nd year practicum student hours: 15-20 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):

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: 1hr weekly individual supervision with supervisor, 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

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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	
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Agency's Web Address	

BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
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<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/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): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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PRIMARY TREATMENT MODALITIES:

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CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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Site Number: _____

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Specific Evening Hours Requirements: _____

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CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
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| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
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ASSESSMENT TYPE:

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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PRIMARY TREATMENT MODALITIES:

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| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
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<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
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| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
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| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
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| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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Number of **summer starts only**: _____

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

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BRIEF CLINICAL DESCRIPTION OF PROGRAM

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| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

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ASSESSMENT TYPE:

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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____ **Total** number of doctoral students we will take from College of Psychology

Number of **summer starts only**: _____

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CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
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Address	
Supervisor Name and Degree	
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BRIEF CLINICAL DESCRIPTION OF PROGRAM

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| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
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| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
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ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

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PRIMARY TREATMENT MODALITIES:

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ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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____ **Total** number of doctoral students we will take from College of Psychology

Number of **summer starts only**: _____

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

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
Department	
Address	
Supervisor Name and Degree	
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Supervisor Phone: Work/Cell	/
Agency's Web Address	

BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

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PRIMARY TREATMENT MODALITIES:

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ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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____ **Total** number of doctoral students we will take from College of Psychology

Number of **summer starts only**: _____

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

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

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
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Supervisor Name and Degree	
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PRIMARY TREATMENT MODALITIES:

- | | |
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| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
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| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
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| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
Department	
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Supervisor Name and Degree	
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PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
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| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
- ☐ Intelligence Tests
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- ☐ Projective Personality Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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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)

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Elective practicum students: _____

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

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PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
- ☐ Intelligence Tests
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- ☐ Projective Personality Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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: _____

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<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
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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 : _____	

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1st year practicum student hours: _____ (max hours 10-15/week)

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

OUT FOR 22-23

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
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PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
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CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

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| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
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| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

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PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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Number of **summer starts only**: _____

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

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Supervisor Name and Degree	
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BRIEF CLINICAL DESCRIPTION OF PROGRAM

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PRIMARY TREATMENT MODALITIES:

- | | |
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| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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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

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<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
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<input type="checkbox"/> Other (describe): _____	
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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
Department	
Address	
Supervisor Name and Degree	
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Supervisor Phone: Work/Cell	/
Agency's Web Address	

BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

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| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
☐ Intelligence Tests
☐ Neuropsychological Tests
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☐ Projective Personality Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
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<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
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| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
- ☐ Intelligence Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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**: _____

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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: _____

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

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BRIEF CLINICAL DESCRIPTION OF PROGRAM

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
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<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/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.**

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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PRIMARY TREATMENT MODALITIES:

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ASSESSMENT TYPE:

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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PRIMARY TREATMENT MODALITIES:

- | | |
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ASSESSMENT TYPE:

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
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| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

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| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
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| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

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PRIMARY TREATMENT MODALITIES:

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ASSESSMENT TYPE:

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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Number of **summer starts only**: _____

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
Department	
Address	
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Supervisor Email	
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BRIEF CLINICAL DESCRIPTION OF PROGRAM

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| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
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| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
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ASSESSMENT TYPE:

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

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| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
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| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
- ☐ Intelligence Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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____ **Total** number of doctoral students we will take from College of Psychology

Number of **summer starts only**: _____

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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

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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
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Supervisor Name and Degree	
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Supervisor Phone: Work/Cell	/
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BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

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PRIMARY TREATMENT MODALITIES:

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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
- ☐ Intelligence Tests
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- ☐ Other (list all **major** assessments not included above): _____

BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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____ **Total** number of doctoral students we will take from College of Psychology

Number of **summer starts only**: _____

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

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

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| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

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| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
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| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

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☐ Intelligence Tests
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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available:

Yes

No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
Department	
Address	
Supervisor Name and Degree	
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BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

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| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

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|---|--|
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| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
- ☐ Intelligence Tests
- ☐ Neuropsychological Tests
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- ☐ Projective Personality Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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Number of **summer starts only**: _____

Number of **fall starts only**: _____

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Spanish speakers **preferred**: NO YES

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

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<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

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| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
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| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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____ **Total** number of doctoral students we will take from College of Psychology

Number of **summer starts only**: _____

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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)

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2nd year practicum students: _____

Elective practicum students: _____

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

1st year practicum student hours: _____ (max hours 10-15/week)

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

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PRIMARY TREATMENT MODALITIES:

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| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
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| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
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BRIEF OVERVIEW OF PROGRAM:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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____ **Total** number of doctoral students we will take from College of Psychology

Number of **summer starts only**: _____

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

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

1st year practicum students: _____

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<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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BRIEF OVERVIEW OF PROGRAM:

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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2nd year practicum students: _____

Elective practicum students: _____

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Children (under 13) | <input type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Physical Examination
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
<input type="checkbox"/> 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:

1st year practicum student hours: _____ (max hours 10-15/week)

2nd 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

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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 DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

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|--|--|---|---|
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| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
| <input type="checkbox"/> Neuropsychology | |
| <input type="checkbox"/> 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:

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 ____ - 20 ____ YEAR

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

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
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<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
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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:

1st year practicum student hours: _____ (max hours 10-15/week)

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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

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.

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

Type of Site (check one): ☐ Nova PSC ☐ NonNSU

Site Number: _____

Data Last Modified	
Program/Institution	
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Address	
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Supervisor Email	
Supervisor Phone: Work/Cell	/
Agency's Web Address	

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| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Other: _____ | | | |

PRIMARY TREATMENT MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Dialectical Behavior Therapy | <input type="checkbox"/> Motivational Interviewing |
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ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
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<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No