

PRACTICUM BROCHURE

2023-2024 (v.11 revision)

11.23.22

Nova Southeastern University College of Psychology Doctoral Program



NOVA SOUTHEASTERN
UNIVERSITY

NOTE: Federal Detention Center is on page 131–132 out of order

2023-2024 PRACTICUM BROCHURE

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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	
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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

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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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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

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Number of **summer starts only**: _____

Number of **fall starts only**: _____

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

Spanish speakers **preferred**: NO YES

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

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Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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- | | | | |
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- | | |
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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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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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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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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 23 - 20 24 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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

☐

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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:

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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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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

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

Number of **fall starts only**: _____

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

Spanish speakers **preferred**: NO YES

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1st year practicum students: _____

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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

COVID-19

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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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PRIMARY TREATMENT MODALITIES:

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

Number of **fall starts only**: _____

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

Spanish speakers **preferred**: NO YES

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

1st year practicum students: _____

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

Data Last Modified	
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Supervisor Name and Degree	
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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

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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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

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Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

Data Last Modified	
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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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PRIMARY TREATMENT MODALITIES:

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

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

1st year practicum students: _____

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

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BRIEF OVERVIEW OF PROGRAM:

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

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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
<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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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 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

er o e er ol el ol o e le oe

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**): _____

Supervisi Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: _____

Describe _____

NK95 masks must be worn at the site: NO YES

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: Faulk Center for Counseling

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

Site Number: 7119

Data Last Modified	9/29/22
Program/Institution	Faulk Center for Counseling
Department	
Address	22455 Boca Rio Road, Boca Raton, FL 33433
Supervisor Name and Degree	Holly Katz, Ph.D., Clinical Psychology
Supervisor Email	h.katz@faulkcenterforcounseling.org
Supervisor Phone: Work/Cell	561 483-5300 /
Agency's Web Address	www.faulkcenterforcounseling.org

BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> Children (under 13) | <input checked="" 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 checked="" type="checkbox"/> Group | <input checked="" type="checkbox"/> Couples | <input checked="" type="checkbox"/> Family |
| <input checked="" type="checkbox"/> College Students | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless | <input checked="" type="checkbox"/> LGBTQ+ |
| <input checked="" type="checkbox"/> Other: <u>Most clinical services are able to be provided through Telehealth</u> | | | |

PRIMARY TREATMENT MODALITIES:

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

ASSESSMENT TYPE:

- | |
|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Achievement and Aptitude Tests |
| <input checked="" type="checkbox"/> Intelligence Tests |
| <input type="checkbox"/> Neuropsychological Tests |
| <input checked="" type="checkbox"/> Objective Personality Tests |
| <input checked="" type="checkbox"/> Projective Personality Tests |
| <input type="checkbox"/> Other (list all major assessments not included above): _____ |

BRIEF OVERVIEW OF PROGRAM:

Practicum students provide individual, couples, family, and group counseling as well as psychological testing services to children, adults, and seniors who otherwise could not afford private treatment. Clients served at our Boca Rio location and in outreach programs are diverse in terms of age, presenting problems, diagnoses, and ethnicity.

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 23 - 20 24 YEAR

THIS PAGE MUST BE FILLED IN EVERY YEAR

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

Number of **summer starts only**: 1

Number of **fall starts only**: 11

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: 11

Elective practicum students: 1 (contir

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

<input checked="" type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input checked="" type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
<input checked="" 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: _____ (max hours 10-15/week)

2nd year practicum student hours: day and evening hrs (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):

The Faulk Center for Counseling in opened M-W 9-9 p.m., Th-F 9-5 p.m. Mandatory meetings: Case staffing Wednesday OR Friday morning from 9-11. Wednesday 1-2 p.m. meeting. Additional one morning per week to work in our Schools Counseling Program. One evening per week (5-9 p.m.)

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

Previous therapy and psychological testing experience preferred.

Supervision Requirements: Individual 1 hour per week. Case staffing 2 hours per week., School group superviison 1 hour per week.

Specific Evening Hours Requirements: 1 evening M-W 5-9 p.m.

Direct Clinical Contact (hours/week): Approxiamtely 10-13 hours

CCE Case Available: ☒ Yes ☐ No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: ☒ NO ☐ YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? ☐ NO ☒ YES

Other: Describe _____

NK95 masks must be worn at the site: ☒ NO ☐ YES

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: ☒ NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____ Currently, masks are required within the facility

NK95 masks must be worn at the site: x NO YES

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.**

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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

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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 Email	
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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:

- | | |
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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
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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

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)

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Elective practicum student hours: _____ (max hours 10-15/week)

Note: The only thing that takes precedence over practicum hours are College of Psychology doctoral class hours. **Students cannot come to a practicum site if they have classes –there is no exception to this.**

DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours): _____

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

Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

CLIENT/PATIENT POPULATION:

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|----------------------------------------------|----------------------------------------------|-----------------------------------------|---------------------------------------------|
| <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

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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"/> 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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

Data Last Modified	
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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

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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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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	/
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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 | |
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ASSESSMENT TYPE:

- ☐ Achievement and Aptitude Tests
- ☐ Intelligence Tests
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- ☐ 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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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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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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 Phone: Work/Cell	/
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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 |
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| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
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| <input type="checkbox"/> Neuropsychology | |
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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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Spanish speakers **preferred**: NO YES

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

1st year practicum students: _____

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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

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Specific Evening Hours Requirements: _____

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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CLIENT/PATIENT POPULATION:

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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:

- | | |
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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
<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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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 |
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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 | |
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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**: _____

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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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

CLIENT/PATIENT POPULATION:

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

PRIMARY TREATMENT MODALITIES:

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

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: _____

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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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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

Data Last Modified	
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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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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: _____

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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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Student use of prescribed Medical Marijuana is permitted: NO YES	
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Other: Describe _____

NK95 masks must be worn at the site: NO YES

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	
Supervisor Email	
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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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PRIMARY TREATMENT MODALITIES:

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

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

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FULL SITE NAME: _____

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CLIENT/PATIENT POPULATION:

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1st year practicum students: _____

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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
<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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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"/> 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 |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Solution-Focused Brief Therapy |
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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

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): _____	
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2nd year practicum student hours: _____ (max hours 15-20/week)

Elective practicum student hours: _____ (max hours 10-15/week)

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

Data Last Modified	
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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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| <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 |
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| <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

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
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Elective practicum student hours: _____ (max hours 10-15/week)

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

Data Last Modified	
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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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| <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 |
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| <input type="checkbox"/> Neuropsychology | |
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ASSESSMENT TYPE:

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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
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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
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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:

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

Data Last Modified	
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Supervisor Name and Degree	
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BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
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| <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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PRIMARY TREATMENT MODALITIES:

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

ASSESSMENT TYPE:

- ☐ Achievement and Aptitude 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

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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Student use of prescribed Medical Marijuana is permitted: NO YES	
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1st year practicum student hours: _____ (max hours 10-15/week)

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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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PRIMARY TREATMENT MODALITIES:

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

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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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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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FULL SITE NAME: _____

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ASSESSMENT TYPE:

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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

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Number of **summer starts only**: _____

Number of **fall starts only**: _____

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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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

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

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

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Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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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"/> Exposure Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
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| <input type="checkbox"/> Neuropsychology | |
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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**: _____

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): _____	
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Elective practicum student hours: _____ (max hours 10-15/week)

Note: The only thing that takes precedence over practicum hours are College of Psychology doctoral class hours. **Students cannot come to a practicum site if they have classes –there is no exception to this.**

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Mandatory Trainings/Meetings (days/hours): _____

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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

CLIENT/PATIENT POPULATION:

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|----------------------------------------------|----------------------------------------------|-----------------------------------------|---------------------------------------------|
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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 |
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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
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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
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<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> TB Screening
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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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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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 |
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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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____ **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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Student use of prescribed Medical Marijuana is permitted: NO YES	
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HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

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COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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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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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)

1st year practicum students: _____

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

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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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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)

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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

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

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Program/Institution	
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Supervisor Name and Degree	
Supervisor Email	
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Agency's Web Address	

BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

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|----------------------------------------------|----------------------------------------------|-----------------------------------------|---------------------------------------------|
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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"/> 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

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:

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Mandatory Trainings/Meetings (days/hours): _____

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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

Data Last Modified	
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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:

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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
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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	
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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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DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours): _____

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

Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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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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
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- ☐ Neuropsychological Tests
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- ☐ 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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DESCRIBE SPECIFIC SITE REQUIREMENTS:

Mandatory Trainings/Meetings (days/hours): _____

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

Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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 |
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| <input type="checkbox"/> Psychodynamic Psychotherapy | <input type="checkbox"/> Play Therapy |
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| <input type="checkbox"/> Neuropsychology | |
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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

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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<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other
Student use of prescribed Medical Marijuana is permitted: NO YES	
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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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NK95 masks must be worn at the site: NO YES

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

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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____ **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)

1st year practicum students: _____

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SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

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NK95 masks must be worn at the site: NO YES

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

CLIENT/PATIENT POPULATION:

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PRIMARY TREATMENT MODALITIES:

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ASSESSMENT TYPE:

- ☐ Achievement and Aptitude 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

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

COVID-19

Students are required to have COVID-19 vaccinations/boosters: NO YES

Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

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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Supervision Requirements: _____

Specific Evening Hours Requirements: _____

Direct Clinical Contact (hours/week): _____

CCE Case Available: Yes No

COVID-19

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Exemptions (e.g., medical, religious) accepted for not being vaccinated/boosted? NO YES

Other: Describe _____

NK95 masks must be worn at the site: NO YES

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: _____

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

Site Number: _____

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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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____ **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: _____

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FULL SITE NAME: _____

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