

PRACTICUM BROCHURE

2024-2025 (V.3)

Last Updated:

11.15.23

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

NSU
Florida

NOVA SOUTHEASTERN
UNIVERSITY

College of Psychology Practicum Site Names and Numbers: 66 sites

Date Last Updated: November 16, 2023 6:35 pm

Note: Double asterisks () equals NSU Sites**

1. ADHD Assessment, Consultation & Treatment (AACT) 6111**
2. Adolescent Drug Abuse Prevention & Treatment (ADAPT) 6112**
3. Adult Services (ASP) 6113**
4. Anxiety Treatment Clinic (ATC) 6114**
5. Assessment & Autism Intervention at PPAs Growing Tree 7121
6. Barry University(+E) 7111
7. Behavioral Medicine & Autism Intervention at PPAs Growing Tree 7123
8. Biofeedback and Health Psych Center 6115**
9. Broward Children's Center 7152
10. Broward Health Medical Center 7113
11. Broward Health Medical Center-Pediatric Psych 7112
12. Child, Adolescent, and Family Services (CAFS) 6116**
13. Child & Adolescent Traumatic Stress (CATSP) 6117**
14. Child Net 7116
15. Cleveland Clinic Florida- Neurology 7169
16. Clinical Forensic Psychology 6126**
17. Community Action and Human Services Department (Miami) 7117
18. Family Violence 6118**
19. Faulk Center for Counseling 7119
20. Federal Detention Center 7159
21. Florida Atlantic University (FAU) - Boca Raton, Davie, & Jupiter 7154
22. Florida Atlantic University (FAU) Geriatric Neuropsychology 7120
23. Henderson Behavioral Health: Adult Outpatient 7118
24. Healthy Lifestyles Guided Self Change (GSC) 6119**
25. HG Doctors 7122
26. Intensive Psychodynamic Psychotherapy Clinic (IPPC) 6120**
27. Jackson Health System - Department of Adult Neuropsychology 7124
28. Jackson Health System - Clinical Health Psychology Service 7125
29. Jackson Health System - Rehabilitation Psychology 7126
30. Joe DiMaggio Children's Hospital 7128
31. Joe DiMaggio Children's Hospital Neuropsychology: 7173
32. Joe DiMaggio Children's Hospital Neuroscience Center 7174
33. Memorial Neuroscience Institute 7131
34. Memorial Regional Hospital Cancer Institute 7132
35. Memorial Rehabilitation Institute: Psychology Service 7133
36. Broward VA Neuropsychology 7178
37. Miami VA Healthcare System: Community Living Center/Nursing Home 7171
38. Miami VA Healthcare System: Integrated Behavioral Health 7137
39. Miami VA Healthcare System: Neuropsychology 7138

40. Miami VA Healthcare System: Polytrauma 7160
41. Miami VA Healthcare System: Rehabilitation Clinic 7140
42. Miami VA Healthcare System: Sleep Clinic 7142
43. Miami VA Healthcare System: Spinal Cord Injury/Diseases (SCI/D) 7143
44. Motivational Institute for Behavioral Health, LLC 7177
45. Neuropsychology Assessment Center (NAC) 6121**
46. Nicklaus Children's Hospital: Inpatient Psychiatry 7145
47. Nicklaus Children's Hospital - Division of Psychology: Pediatric Health 7163
48. Nicklaus Children's Hospital - Division of Psychology: Eating Disorder 7164
49. NSU Counseling Cnt. for Older Adults (NCCOA) 6122**
50. OurRelationship 7179**
51. Psychological Services for Emotionally Distressed (PSED) 6123**
52. Renfrew Center 7167
53. Ruth Rales Jewish Family Services 7146
54. School-Related Psychological Assessments and Clinical Interventions (SPACI) 6124**
55. Sports Psychology 7147**
56. Trauma Resolution Integration (TRIP) 6125**
57. Unicorn Children's Foundation Developmental Assessment Clinic 7176
58. UOM, Mood and Anxiety Treatment (CAMAT) 7148
59. UOM, Mailman Center for Child Development 7129
60. UOM Clinical Neuropsychology (Research Bldg) Outpatient 7180
61. UOMMSC, Neuropsychology Dept Psychiatry 7149
62. UOMMSM, Div. Neuropsychology & Cog Neuroscience, Dept of Neurology 7150
63. Well Path Recovery-Seriously Mental Ill (SMI) 7139
64. Well Path Recovery -Forensics 7172
65. West Palm Beach Alpert Jewish Family Services 7170
66. Youth Services Department 7165

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

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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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

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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 doctoral students; 12 months)

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Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
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Supervisor Name, Degree	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

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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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

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PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
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Supervisor Name, Degree	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: Assessment & Autism Intervention at PPA's Growing Tree Foundation

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

Site Number: _____

Data Last Modified	12/22/22
Program/Institution	PPA's Growing Tree Foundation
Department	
Address	7800 Red Road, Suite 216, South Miami, FL 33143
Supervisor Name and Degree	Samantha Carella, Psy.D.
Supervisor Email	s.carella@mailppa.com
Supervisor Phone: Work/Cell	(305) 936-1002 / (305) 710-4473
Agency's Web Address	www.southfloridatherapists.com

BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Children (under 13) | <input checked="" type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input checked="" type="checkbox"/> Individual | <input checked="" type="checkbox"/> Group | <input type="checkbox"/> Couples | <input type="checkbox"/> Family |
| <input checked="" 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 checked="" type="checkbox"/> Neuropsychology | |
| <input checked="" type="checkbox"/> Other: social skills training, including social thinking methodology and PEERS | |

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:

Student conducts psychoeducational evaluations of children and adolescents.
Student also co-facilitates social group interventions for children/adolescents with autism spectrum disorder and related social challenges.

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

THIS PAGE MUST BE FILLED IN EVERY YEAR

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

Number of **fall starts only**: 0-2

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

2nd year practicum students:

Elective practicum students: 1

 1

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

<input checked="" type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: <u> </u>	<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): <u> </u>	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): <u> </u>	
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 : <u> </u>	

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: 10 - 15 hrs/week (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):

2 evenings per week: Tuesday/Wednesday or Wednesday/Thursday

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

Supervision Requirements: group and individual supervision

Specific Evening Hours Requirements: 2 evenings per week

Direct Clinical Contact (hours/week): approximately 10 - 12

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

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

FULL SITE NAME: Behavioral Medicine & Autism Intervention at PPA's Growing Tree

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

Site Number: 7123

Data Last Modified	12/22/22
Program/Institution	PPA's Growing Tree Foundation
Department	
Address	Hollywood and either Weston or Aventura Locations
Supervisor Name and Degree	Judith Migoya, Psy.D.
Supervisor Email	j.migoya@mailppa.com
Supervisor Phone: Work/Cell	(305) 936-1002 / (954) 464-0583
Agency's Web Address	www.southfloridatherapists.com

BRIEF CLINICAL DESCRIPTION OF PROGRAM

CLIENT/PATIENT POPULATION:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Children (under 13) | <input checked="" type="checkbox"/> Adolescents (13-18) | <input type="checkbox"/> Adults (19-64) | <input type="checkbox"/> Older Adults (65+) |
| <input checked="" type="checkbox"/> Individual | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Other: social skills training, including social thinking methodology and PEERS | |

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:

Behavioral Medicine (Hollywood satellite): Student conducts screenings for psychosocial contributions to neurological conditions (primarily headache). Student provides CBT and biofeedback-assisted psychotherapy for treatment of chronic health illness.

Autism Intervention (Aventura or Weston): Student co-facilitates social group Tx of ASD

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

THIS PAGE MUST BE FILLED IN EVERY YEAR

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

Number of **summer starts only**: 0-2

Number of **fall starts only**: 0-2

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

2nd year practicum students: 0-2

Elective practicum students: 0-2

SPECIAL PROGRAM REQUIREMENTS FOR COMPLETING THIS AGENCY'S PRACTICUM

<input checked="" 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 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: 15 - 20 hrs/week (max hours 15-20/week)

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

2 evenings per week: Tuesday/Thursday
Reliable transportation to travel between two service locations

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

Supervision Requirements: group and individual supervision

Specific Evening Hours Requirements: 2 evenings per week: Tuesday/Thursday

Direct Clinical Contact (hours/week): approximately 10 - 15 depending on level of practica

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 masks must be worn at the Behavioral Medicine clinic only

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

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

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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BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

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Supervisor Name, Degree	
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CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

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ASSESSMENT TYPE (Check all that apply):

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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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CLINICAL DESCRIPTION OF PROGRAM

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- | | |
|---|--|
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Practicum Year Dates: 2024-2025

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Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

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PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

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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Practicum Year Dates: 2024-2025

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NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

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CLINICAL DESCRIPTION OF PROGRAM

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PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

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

ASSESSMENT TYPE (Check all that apply):

- | | |
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| <input type="checkbox"/> Achievement and Aptitude Tests | <input type="checkbox"/> Objective Personality Tests |
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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

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- | | |
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ASSESSMENT TYPE (Check all that apply):

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NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

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CLINICAL DESCRIPTION OF PROGRAM

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- | | |
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- | | |
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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Achievement and Aptitude Tests | <input type="checkbox"/> Objective Personality Tests |
| <input type="checkbox"/> Intelligence Tests | <input type="checkbox"/> Projective Personality Tests |
| <input type="checkbox"/> Neuropsychological Tests | |
| <input type="checkbox"/> Other (list all major assessments not listed above): brief screening self-report measures | |

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

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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First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
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Supervisor Name, Degree	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

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PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

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Date Last Modified	
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Supervisor Name, Degree	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

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Supervisor Name, Degree	
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CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

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ASSESSMENT TYPE (Check all that apply):

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CLINICAL DESCRIPTION OF PROGRAM

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- | | |
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Practicum Year Dates: 2024-2025

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Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

2nd year practicum students: _____ (3rd year doctoral students; 12 months)

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PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

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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Practicum Year Dates: 2024-2025

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NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

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CLINICAL DESCRIPTION OF PROGRAM

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PROGRAM REQUIREMENTS FOR COMPLETING THIS 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"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

NOTE: THE ONLY THING THAT TAKES PRECEDENCE OVER PRACTICUM HOURS ARE COLLEGE OF PSYCHOLOGY DOCTORAL CLASS HOURS. STUDENTS CANNOT COME TO A PRACTICUM SITE IF THEY HAVE CLASSES- THERE IS NO EXCEPTION TO THIS.

HOURS AND DAYS PER WEEK REQUIRED FOR PRACTICUM:

First year practicum student hours/days: _____ (10-15/week)

Second year practicum student hours/days: _____ (15-20/week)

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

BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

Current Date:	
Date Last Modified	
Program/Institution/Department	
Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
| <input type="checkbox"/> Other: _____ | |

ASSESSMENT TYPE (Check all that apply):

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

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

ASSESSMENT TYPE (Check all that apply):

- | | |
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| <input type="checkbox"/> Achievement and Aptitude Tests | <input type="checkbox"/> Objective Personality Tests |
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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

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- | | |
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ASSESSMENT TYPE (Check all that apply):

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NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

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CLINICAL DESCRIPTION OF PROGRAM

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- | | |
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- | | |
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NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

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

Describe Required Training and Supervision Prerequisites (classes, degrees, experience, evening hours, etc. that are **outside of required COP curriculum**):

NSU College of Psychology PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 2024-2025

THIS PAGE MUST BE FILLED IN EVERY YEAR

_____ **Total # of practicum doctoral students this agency can take from the College of Psychology this year**

Will **ONLY** accept students who speak fluent 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 doctoral students; 12 months)

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Elective practicum students: _____ (4th year; 8-month August-April 1)

PROGRAM REQUIREMENTS FOR COMPLETING THIS PRACTICUM

<input type="checkbox"/> Interview	<input type="checkbox"/> Proof of Immunization
<input type="checkbox"/> Background Check; if yes Level: _____	<input type="checkbox"/> Proof of Health Insurance
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<input type="checkbox"/> Drug Test	<input type="checkbox"/> Physician's Statement of Readiness
<input type="checkbox"/> Clothing, scrubs, etc.	<input type="checkbox"/> TB Screening
<input type="checkbox"/> Other (describe): _____	
Student use of prescribed Medical Marijuana is permitted: NO YES	
Cost to park a car? If yes, how much per day? NO YES; COST: _____	

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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BRIEF DESCRIPTION OF PROGRAM:

CCE Case Available:

Yes, for sure

No, not available

NSU COLLEGE OF PSYCHOLOGY PRACTICUM BROCHURE DESCRIPTION

Practicum Year Dates: 2024-2025

FULL SITE NAME: _____

Note: If you have two sites, you need a description for each one

Type of site (check one): NSU PSC NSU Not PSC Not NSU **Site Number:** _____

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Supervisor Name, Degree	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	

CLINICAL DESCRIPTION OF PROGRAM

PRIMARY CLIENT/PATIENT POPULATIONS SERVED (Check all that apply):

- | | | | |
|--|--|---|---|
| <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 (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Behavioral or Cognitive Behavioral Therapy | <input type="checkbox"/> Acceptance and Commitment Therapy |
| <input type="checkbox"/> Interpersonal Therapy | <input type="checkbox"/> Marriage and Family Therapy |
| <input type="checkbox"/> Exposure Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> Psychodynamic Therapy | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Dialectical Behavior Therapy | Mindfulness |
| Rehab Therapy | Neuropsychology |
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ASSESSMENT TYPE (Check all that apply):

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