PRACTICUM BROCHURE

2024-2025 (V.3)

Last <u>Updated:</u> 11.15.23

Nova Southeastern University
College of Psychology
Doctoral Program



NOVA SOUTHEASTERN UNIVERSITY

Updated: 09.15.23

1

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**
- 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**
- 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 III (SMI) 7139
- 64. Well Path Recovery -Forensics 7172
- 65. West Palm Beach Alpert Jewish Family Services 7170
- 66. Youth Services Department 7165

	es, you need a description	for each one	-
	NSU PSC NSU No	ot PSC Not NSU S	ite Number:
Current Date:			
Date Last Modified			
Program/Institution/Depar	rtment		
Address			
Supervisor Name, Degree			
Florida PSY License #			
Supervisor Email			
Supervisor Work Phone			
Supervisor Cell Phone			
Program's Web Address			
		PTION OF PROGRAM	
PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT	MODALITIES (Check all	l that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fam	ily Therapy
Exposure Therapy		Play Therapy	
	Ţ	Harm Reduction	
Psychodynamic Therapy		Mindfulness	
Psychodynamic Therapy	rany	Minarumess	
Dialectical Behavior The	rapy		
Dialectical Behavior The Rehab Therapy	rapy	Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:			
Dialectical Behavior The Rehab Therapy Other:Other: (Chemostrate)	ck all that apply):	Neuropsychology	liter Tanta
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Chean Achievement and Aptitude) Intelligence Tests	ck all that apply): ade Tests	Neuropsychology	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude Intelligence Tests Neuropsychological Test	ck all that apply): ade Tests	Neuropsychology Objective Persona Projective Persona	•

THIS PAGE MUST BE FILLED IN EVERY YEAR

Total # of practicum doctoral students this agen	cy can take from the College of Psychology this year	
Will ONLY accept students who speak fluent Spanis Spanish speakers preferred : NO YES	sh: NO YES	
Number of students by year (should equal total # of students by year)	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 COMP	PLETING THIS PRACTICUM	
Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Clothing, scrubs, etc.	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	mitted: NO YES	
Cost to park a car? If yes, how much per day?	IO YES; COST:	
NOTE: THE ONLY THING THAT TAKES PRECED PSYCHOLOGY DOCTORAL CLASS HOURS. STUTHEY HAVE CLASSES- THERE IS NO EXCEPTION	DENTS CANNOT COME TO A PRACTICUM SITE IF	
HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:	
First year practicum student hours/days:Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)	
DDIEE DESCRIPTION OF DROCK AM.		

BRIEF DESCRIPTION OF PROGRAM:

FULL SITE NAME:	
Note: If you have two sites, you need a descrip	otion for each one
Type of site (check one): NSU PSC NS	
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	
	SCRIPTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATION	
Children (under 13) Adolescents (13-	
Individual Group	Couples Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Che	** **
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
∐Interpersonal Therapy	Marriage and Family Therapy
Exposure Therapy	Play Therapy
Psychodynamic Therapy	Harm Reduction
Dialectical Behavior Therapy	Mindfulness
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	
Achievement and Aptitude Tests	Objective Personality Tests
Intelligence Tests	Projective Personality Tests
Neuropsychological Tests	Trojective reisonanty rests
Other (list all major assessments not listed ab	oove):
Describe Required Training and Supervision P	
evening hours, etc. that are outside of required (
evening nours, etc. that are outside of required	501 currentain).

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Total # of practicum doctoral students this agen	cy can take from the College of Psychology this year			
Will ONLY accept students who speak fluent Spanis Spanish speakers preferred : NO YES	sh: NO YES			
Number of students by year (should equal total # of st	students listed above)			
1 st year practicum students: (2nd year doctoral students; 12 months) 2 nd year practicum students: (3rd year doctoral students; 12 months) Elective practicum students: (4th year; 8-month August-April 1)				
PROGRAM REQUIREMENTS FOR COMP	PLFTING THIS PRACTICUM			
Interview	Proof of Immunization			
Background Check; if yes Level:	Proof of Health Insurance			
Fingerprints	Physical Examination			
Drug Test	Physician's Statement of Readiness			
Clothing, scrubs, etc.	TB Screening			
Other (describe):				
Student use of prescribed Medical Marijuana is per	mitted: NO YES			
Cost to park a car? If yes, how much per day? N	IO YES; COST:			
NOTE: THE ONLY THING THAT TAKES PRECED PSYCHOLOGY DOCTORAL CLASS HOURS. STU THEY HAVE CLASSES- THERE IS NO EXCEPTION	DENTS CANNOT COME TO A PRACTICUM SITE IF			
HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:			
First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)			
DDIEE DESCRIPTION OF DDOCD AM.				

BRIEF DESCRIPTION OF PROGRAM:

	es, you need a description	for each one	-
	NSU PSC NSU No	ot PSC Not NSU S	ite Number:
Current Date:			
Date Last Modified			
Program/Institution/Depar	rtment		
Address			
Supervisor Name, Degree			
Florida PSY License #			
Supervisor Email			
Supervisor Work Phone			
Supervisor Cell Phone			
Program's Web Address			
		PTION OF PROGRAM	
PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT	MODALITIES (Check all	l that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fam	ily Therapy
Exposure Therapy		Play Therapy	
	Ţ	Harm Reduction	
Psychodynamic Therapy		Mindfulness	
Psychodynamic Therapy	rany	Minarumess	
Dialectical Behavior The	rapy		
Dialectical Behavior The Rehab Therapy	rapy	Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:			
Dialectical Behavior The Rehab Therapy Other:Other: (Chemostrate)	ck all that apply):	Neuropsychology	liter Tanta
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Chean Achievement and Aptitude) Intelligence Tests	ck all that apply): ade Tests	Neuropsychology	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude Intelligence Tests Neuropsychological Test	ck all that apply): ade Tests	Neuropsychology Objective Persona Projective Persona	•

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Will ONLY accept students who speak fluent Span Spanish speakers preferred : NO YES	nish: NO YES
Number of students by year (should equal total # of	of students listed above)
1 st year practicum students: (2nd year 2 nd year practicum students: (3rd year 6 the year) (4th year;	doctoral students: 12 months)
PROGRAM REQUIREMENTS FOR COM	IPLETING THIS PRACTICUM
Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Clothing, scrubs, etc.	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is pe	ermitted: NO YES
Cost to park a car? If yes, how much per day?	NO YES; COST:
	EDENCE OVER PRACTICUM HOURS ARE COLLEGIUDENTS CANNOT COME TO A PRACTICUM SITE ION TO THIS.
HOURS AND DAYS PER WEEK REQUIRED FOR	R PRACTICUM:
First year practicum student hours/days:	(10-15/week)
Second year practicum student hours/days: Elective practicum student hours/days:	(15-20/week) (10-15/week)
Active practicum student nours/days.	(10-13/ week)
BRIEF DESCRIPTION OF PROGRAM:	

	es, you need a description	for each one	-
	NSU PSC NSU No	ot PSC Not NSU S	ite Number:
Current Date:			
Date Last Modified			
Program/Institution/Depar	rtment		
Address			
Supervisor Name, Degree			
Florida PSY License #			
Supervisor Email			
Supervisor Work Phone			
Supervisor Cell Phone			
Program's Web Address			
		PTION OF PROGRAM	
PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT	MODALITIES (Check all	l that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fam	ily Therapy
Exposure Therapy		Play Therapy	
	Ţ	Harm Reduction	
Psychodynamic Therapy		Mindfulness	
Psychodynamic Therapy	rany	Minarumess	
Dialectical Behavior The	rapy		
Dialectical Behavior The Rehab Therapy	rapy	Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:			
Dialectical Behavior The Rehab Therapy Other:Other: (Chemostrate)	ck all that apply):	Neuropsychology	liter Tanta
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Chean Achievement and Aptitude) Intelligence Tests	ck all that apply): ade Tests	Neuropsychology	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude Intelligence Tests Neuropsychological Test	ck all that apply): ade Tests	Neuropsychology Objective Persona Projective Persona	•

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PROGRAM REQUIREMENTS FOR COMP	PLETING THIS PRACTICUM	
Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Clothing, scrubs, etc.	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	mitted: NO YES	
Cost to park a car? If yes, how much per day?	IO YES; COST:	
NOTE: THE ONLY THING THAT TAKES PRECED PSYCHOLOGY DOCTORAL CLASS HOURS. STUTHEY HAVE CLASSES- THERE IS NO EXCEPTION	DENTS CANNOT COME TO A PRACTICUM SITE IF	
HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:	
First year practicum student hours/days:Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)	
DDIEE DESCRIPTION OF DROCK AM.		

BRIEF DESCRIPTION OF PROGRAM:

FULL SITE NAME: Assessment &	: Autism Intervention	at PPA's Growing Tree Four	ndation
Type of Site (check one): Nov	ra PSC 🔳 NonNSU	J Site Nu	ımber:
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.		
Supervisor Phone: Work/Cell	(305) 936-1002) 710-4473
Agency's Web Address	www.southfloridathe	erapists.com	
BRIE	F CLINICAL DESCRIF	PTION OF PROGRAM	
CLIENT/PATIENT POPULATION:			
	dolescents (13-18)	Adults (19-64)	Older Adults (65+)
■ Individual ■ Gr	roup	Couples	Family
College Students	eterans	☐ Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIE	ES:		
Cognitive Behavioral Therapy		Acceptance and Co	ommitment Therapy
☐ Interpersonal Therapy		Solution-Focused B	3rief Therapy
Exposure Therapy		Marriage and Fami	ily Therapy
Psychodynamic Psychotherapy	1	Play Therapy	
Dialectical Behavior Therapy		Motivational Interv	viewing
■ Neuropsychology			C
Other: social skills training, including	g social thinking metho	dology and PEERS	
ASSESSMENT TYPE:	-		
Achievement and Aptitude Tes	ts		
■ Intelligence Tests			
■ Neuropsychological Tests			
Objective Personality Tests			
Projective Personality Tests			
Other (list all major assessmen	its not included abo	ve):	
BRIEF OVERVIEW OF PROGRAM:		-,	
Student conducts psychoeducational evaluation	ons of children and adoles	crents	
Student also co-facilitates social group interve			order and related social challenges.

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 $\underline{23}$ - 20 $\underline{24}$ 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: \boxed{X} NO $$ YES Spanish speakers preferred : $$ NO \boxed{X} YES				
Number of students by year (should equal total # of students listed above) 1st year practicum students: 0				
Elective practicum students:				
SPECIAL PROGRAM REQUIREMENTS FOR	CO	MPI FTING THIS AGENCY'S PRACTICUM		
X Interview		Proof of Immunization		
Background Check; if yes Level:	十	Proof of Health Insurance		
X Fingerprints	十	Physical Examination		
Drug Test	十	Physician's Statement of Readiness		
Other (describe):	H	TB Screening		
Other (describe):		1.0.00.00		
Student use of prescribed Medical Marijuana is per	mit	ted: NO X YES		
Costs to park? If yes, how much per day? X NO	_	/ES; COST:		
HOURS AND DAYS PER WEEK REQUIRED FOR PRACTI				
L st year practicum student hours: D nd year practicum student hours:		(max hours 10-15/week) (max hours 15-20/week)		
Elective practicum student hours: 10 - 15 hrs/		(max hours 10-15/week)		
Note: The only thing that takes precedence over practicum hours are College of Psychology doctoral class				
nours. Students cannot come to a practicum site if th	ey	nave 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				
- evenings per weem ruesaay or weameraay ruareaay				
Required Training Prerequisites (classes, degrees, exp	 ɔeri	ence, etc. that is outside of regular required		
curriculum/grades):				
group and individual cup	orvi	ision		
Supervision Requirements: group and individual supervision Specific Evening Hours Requirements: 2 evenings per week				
Direct Clinical Contact (hours/week): approximate				
, , , , , , , , , , , , , , , , , , ,				
COVID-19				
Students are required to have COVID-19 vaccinations				
Exemptions (e.g., medical, religious) accepted for not	: be	ing vaccinated/boosted? ✔ NO YES		
Other: Describe				
NK95 masks must be worn at the site: V NO YES	>			

	NSU PSC NSU No	ot PSC Not NSU S	ite Number:
Current Date:			
Date Last Modified			
Program/Institution/Depar	tment		
Address			
Supervisor Name, Degree			
Florida PSY License #			
Supervisor Email			
Supervisor Work Phone			
Supervisor Cell Phone			
Program's Web Address			
	CLINICAL DESCRIP	TION OF PROGRAM	
PRIMARY CLIENT/PATIE	NT POPULATIONS SEE	RVED (Check all that ap	oply):
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT I	MODALITIES (Check all	that apply):	
Behavioral or Cognitive I			ommitment Therapy
Interpersonal Therapy	Chavioral Therapy	Marriage and Fami	
–		Play Therapy	-, _F ,
Exposure Therapy		Harm Reduction	
Psychodynamic Therapy		Mindfulness	
Dialectical Behavior Ther	apy	Neuropsychology	
Rehab Therapy		Neuropsychology	
Other:			
ASSESSMENT TYPE (Chec			
Achievement and Aptitu	de Tests	Objective Personal	lity Tests
Intelligence Tests		Projective Persona	ality Tests
☐ Neuropsychological Tests			
Other (list all major asses	ssments not listed above):		
Describe Required Training	g and Supervision Prereq	uisites (classes, degrees,	experience,
evening hours, etc. that are o	utside of required COP o	curriculum):	

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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 COMP	PLETING THIS PRACTICUM	
Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Clothing, scrubs, etc.	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	mitted: NO YES	
Cost to park a car? If yes, how much per day? N	IO 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 First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)	

BRIEF DESCRIPTION OF PROGRAM:

FULL SITE NAME: Behavioral Medicine & Autism Intervention at PPA's Growing Tree			
Type of Site (check one): Nova	PSC NonNSU	Site Numble	a n kl7123
Data Last Modified	12/22/22		
Program/Institution	PPA's Growing Tr	ee Foundation	
Department			
Address	-	ther Weston or Aventura L	ocations
Supervisor Name and Degree	Judith Migoya, Psy.D		
Supervisor Email	j.migoya@mailppa.c		
Supervisor Phone: Work/Cell	(305) 936-1002	•	164-0583
Agency's Web Address	www.southfloridather	apists.com	
BRIEF CLIENT/PATIENT POPULATION:	BRIEF CLINICAL DESCRIPTION OF PROGRAM		
	-l /12 10)	□ ^ dl+c (10 6/\)	☐ Oldor Adulte (65±)
	olescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual Gro	•	Couples	Family
	terans	Homeless	LGBTQ+
Other:			
PRIMARY TREATMENT MODALITIES	S:		
Cognitive Behavioral Therapy Acceptance and Commitment Therapy			
Interpersonal Therapy Solution-Focused Brief Therapy		• •	
Exposure Therapy Marriage and Family Therapy		y Therapy	
Psychodynamic Psychotherapy		Play Therapy	
☐ Dialectical Behavior Therapy ☐ Motivational Interviewing		lewing	
☐ Neuropsychology			
Other: social skills training, including	social thinking method	ology and PEERS	
ASSESSMENT TYPE: Achievement and Aptitude Tests Intelligence Tests Neuropsychological Tests Objective Personality Tests Projective Personality Tests Other (list all major assessment) BRIEF OVERVIEW OF PROGRAM: Behavioral Medicine (Hollywood satelite): Student provides CBT and biofeedba	ent conducts screenings fo	or psychosocial contributions to n	
Autism Intervention (Aventura or Weston): Stud		•	

PLACEMENTS AND STUDENT SLOTS AVAILABLE FOR 20 $\underline{23}$ - 20 $\underline{24}$ YEAR

THIS PAGE MUST BE FILLED IN EVERY YEAR

Number of students by year (should equal total # of 1st year practicum students:0	stu	dents listed above)	
SPECIAL PROGRAM REQUIREMENTS FOR	CO	MPLETING THIS AGENCY'S PRACTICUM	
X Interview		Proof of Immunization	
Background Check; if yes Level:		Proof of Health Insurance	
X Fingerprints		Physical Examination	
☐ Drug Test		Physician's Statement of Readiness	
Other (describe):		TB Screening	
Other (describe):			
Student use of prescribed Medical Marijuana is per	<u>mit</u>	ted: NO X YES	
Costs to park? If yes, how much per day? \overline{X} NO $[$	\	'ES; COST:	
HOURS AND DAYS PER WEEK REQUIRED FOR PRACTION of year practicum student hours: 15 - 20 hrs/ Elective practicum student hours: 10 - 15 hrs/ Note: The only thing that takes precedence over practicums. Students cannot come to a practicum site if the DESCRIBE SPECIFIC SITE REQUIREMENTS: Mandatory Trainings/Meetings (days/hours):	wee wee	(max hours 10-15/week) ck (max hours 15-20/week) ck (max hours 10-15/week) m hours are College of Psychology doctoral class	
2 evenings per week: Tuesday/Thursday Reliable transportation to travel between two service l	oca	tions	
Required Training Prerequisites (classes, degrees, experience, etc. that is outside of regular required curriculum/grades):			
Supervision Requirements: group and individual sup-	ervi	sion	
Specific Evening Hours Requirements: 2 evenings per week: Tuesday/Thursday			
Direct Clinical Contact (hours/week): approximate	ely	10 - 15 depending on level of practica	
COVID-19 Students are required to have COVID-19 vaccinations Exemptions (e.g., medical, religious) accepted for not Other: Describe masks must be worn at the Behav	t be	ing vaccinated/boosted? ✔ NO YES	
NK95 masks must be worn at the site: NO YES	>		

FULL SITE NAME:	
Note: If you have two sites, you need a description	for each one
Type of site (check one): NSU PSC NSU No	
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 DESCRIP	PTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATIONS SEI	RVED (Check all that apply):
Children (under 13) Adolescents (13-18)	Adults (19-64) Older Adults (65+)
Individual Group	Couples Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Check all	that annly).
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
	Marriage and Family Therapy
∐Interpersonal Therapy	Play Therapy
Exposure Therapy	Harm Reduction
Psychodynamic Therapy	Mindfulness
Dialectical Behavior Therapy	Neuropsychology
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	
Achievement and Aptitude Tests	Objective Personality Tests
Intelligence Tests	Projective Personality Tests
Neuropsychological Tests	
Other (list all major assessments not listed above):	
Describe Required Training and Supervision Prereq	uisites (classes, degrees, experience,
evening hours, etc. that are outside of required COP of	curriculum):

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Number of students by year (should equal total # of students by year)	students listed above)
1 st year practicum students: (2nd year de 2 nd year practicum students: (3rd year de Elective practicum students: (4th year; 8	octoral students; 12 months) octoral students: 12 months)
PROGRAM REQUIREMENTS FOR COMP	PLETING THIS PRACTICUM
Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Clothing, scrubs, etc.	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Cost to park a car? If yes, how much per day? N	
	DENCE OVER PRACTICUM HOURS ARE COLLEGE OF DENTS CANNOT COME TO A PRACTICUM SITE IF N TO THIS.
HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:
First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(15-20/week)
RRIFE DESCRIPTION OF PROGRAM:	

FULL SITE NAME:	
Note: If you have two sites, you need a description	for each one
Type of site (check one): NSU PSC NSU No	
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 DESCRIP	PTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATIONS SEI	RVED (Check all that apply):
Children (under 13) Adolescents (13-18)	Adults (19-64) Older Adults (65+)
Individual Group	Couples Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Check all	that annly).
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
	Marriage and Family Therapy
∐Interpersonal Therapy	Play Therapy
Exposure Therapy	Harm Reduction
Psychodynamic Therapy	Mindfulness
Dialectical Behavior Therapy	Neuropsychology
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	
Achievement and Aptitude Tests	Objective Personality Tests
Intelligence Tests	Projective Personality Tests
Neuropsychological Tests	
Other (list all major assessments not listed above):	
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Student use of prescribed Medical Marijuana is peri	mitted: NO YES
Cost to park a car? If yes, how much per day? N	O YES; COST:
NOTE: THE ONLY THING THAT TAKES PRECED PSYCHOLOGY DOCTORAL CLASS HOURS. STUITHEY HAVE CLASSES- THERE IS NO EXCEPTION	DENCE OVER PRACTICUM HOURS ARE COLLEGE OF DENTS CANNOT COME TO A PRACTICUM SITE IF N TO THIS.
HOURS AND DAYS PER WEEK REQUIRED FOR	
First year practicum student hours/days:	
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FULL SITE NAME:	
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Program's Web Address	
CLINICAL DESCRIP	PTION OF PROGRAM
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Children (under 13) Adolescents (13-18)	Adults (19-64) Older Adults (65+)
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College Students Veterans	Homeless LGBTQ+
Other:	
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HOURS AND DAYS PER WEEK REQUIRED FOR First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)

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Intelligence Tests	Projective Personality Tests
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Other:	
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ASSESSMENT TYPE (Check all that apply):	
Achievement and Aptitude Tests	Objective Personality Tests
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PROGRAM REQUIREMENTS FOR COM	UPLETING THIS PRACTICUM
Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
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First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(15-20/week)
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Supervisor Cell Phone			
Program's Web Address			
	_	PTION OF PROGRAM	
PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT	MODALITIES (Check all	that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fami	ly Therapy
Exposure Therapy		Play Therapy	
	Ţ	Harm Reduction	
Psychodynamic Therapy			
Psychodynamic Therapy		Mindfulness	
Dialectical Behavior The			
Dialectical Behavior The Rehab Therapy		Mindfulness Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:	erapy		
Dialectical Behavior The Rehab Therapy Other:Other: (Chemostrate)	ck all that apply):	Neuropsychology	litu Taata
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude) Intelligence Tests	ck all that apply): ude Tests	Neuropsychology	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude Intelligence Tests Neuropsychological Test	ck all that apply): ude Tests	Neuropsychology Objective Persona Projective Persona	•

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HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:
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Program's Web Address			
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PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
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College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT	MODALITIES (Check all	that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fami	ly Therapy
Exposure Therapy		Play Therapy	
	Ţ	Harm Reduction	
Psychodynamic Therapy			
Psychodynamic Therapy		Mindfulness	
Dialectical Behavior The			
Dialectical Behavior The Rehab Therapy		Mindfulness Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:	erapy		
Dialectical Behavior The Rehab Therapy Other:Other: (Chemostrate)	ck all that apply):	Neuropsychology	litu Taata
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude) Intelligence Tests	ck all that apply): ude Tests	Neuropsychology	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude Intelligence Tests Neuropsychological Test	ck all that apply): ude Tests	Neuropsychology Objective Persona Projective Persona	•

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Current Date:			
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Supervisor Name, Degree			
Florida PSY License #			
Supervisor Email			
Supervisor Work Phone			
Supervisor Cell Phone			
Program's Web Address			
	_	PTION OF PROGRAM	
PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
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Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fami	ly Therapy
Exposure Therapy		Play Therapy	
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Psychodynamic Therapy		Mindfulness	
Dialectical Behavior The			
Dialectical Behavior The Rehab Therapy		Mindfulness Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:	erapy		
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Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
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Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude Intelligence Tests Neuropsychological Test	ck all that apply): ude Tests	Neuropsychology Objective Persona Projective Persona	•

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Other (describe):	
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HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:
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DDIEE DESCRIPTION OF DDOCD AM.	

BRIEF DESCRIPTION OF PROGRAM:

FULL SITE NAME:	
Note: If you have two sites, you need a descript	tion for each one
Type of site (check one): NSU PSC NSU	J 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 DESC	CRIPTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATIONS	SERVED (Check all that apply):
Children (under 13) Adolescents (13-18	8)
☐Individual ☐Group	☐ Couples ☐ Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Checl	k all that apply):
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
Interpersonal Therapy	Marriage and Family Therapy
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Exposure Therapy	Harm Reduction
Psychodynamic Therapy	Mindfulness
Dialectical Behavior Therapy	Neuropsychology
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	_
Achievement and Aptitude Tests	☐ Objective Personality Tests
Intelligence Tests	Projective Personality Tests
☐ Neuropsychological Tests	
Other (list all major assessments not listed abo	ve):
Describe Required Training and Supervision Pre	erequisites (classes, degrees, experience,
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FULL SITE NAME:	
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Type of site (check one): NSU PSC NS	
Current Date:	
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Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	
	SCRIPTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATION	IS SERVED (Check all that apply):
Children (under 13) Adolescents (13-	-18) Adults (19-64) Older Adults (65+)
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Rehab Therapy	reuropsychology
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ASSESSMENT TYPE (Check all that apply):	
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Intelligence Tests	Projective Personality Tests
☐ Neuropsychological Tests ☐ Other (list all major assessments not listed all major)	a aval.
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Other (describe):	
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* * *	NO YES; COST:
	DENCE OVER PRACTICUM HOURS ARE COLLEGE OF TO THE STATE OF
HOURS AND DAYS PER WEEK REQUIRED FOR First year practicum student hours/days:	(10-15/week) (15-20/week)
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Rehab Therapy	Neuropsychology	
Other:		
ASSESSMENT TYPE (Check all that apply):		
Achievement and Aptitude Tests	Objective Personality Tests	
Intelligence Tests	Projective Personality Tests	
Neuropsychological Tests		
Other (list all major assessments not listed above):		
Describe Required Training and Supervision Prereq	uisites (classes, degrees, experience,	
evening hours, etc. that are outside of required COP of	curriculum):	

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PROGRAM REQUIREMENTS FOR COMP	PLFTING THIS PRACTICUM
Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Clothing, scrubs, etc.	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Cost to park a car? If yes, how much per day? N	IO YES; COST:
NOTE: THE ONLY THING THAT TAKES PRECED PSYCHOLOGY DOCTORAL CLASS HOURS. STU THEY HAVE CLASSES- THERE IS NO EXCEPTION	DENTS CANNOT COME TO A PRACTICUM SITE IF
HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:
First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)
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BRIEF DESCRIPTION OF PROGRAM:

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Florida PSY License #			
Supervisor Email			
Supervisor Work Phone			
Supervisor Cell Phone			
Program's Web Address			
		PTION OF PROGRAM	
PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT	MODALITIES (Check all	l that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fam	ily Therapy
Exposure Therapy		Play Therapy	
		Harm Reduction	
☐ Psychodynamic Therapy		Mindfulness	
–	rany	Minarumess	
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Individual	Group		ouples	Family
College Students	Veterans	ПН	lomeless	☐LGBTQ+
Other:				
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Interpersonal Therapy	Delia (Total Titol		riage and Fam	ily Therapy
Exposure Therapy		_	Therapy	, 1,
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Dialectical Behavior The		Min	dfulness	
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Rehab Therapy				
Other:	.111 4141.	- ^		
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Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
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		Harm Reduction	
☐ Psychodynamic Therapy		Mindfulness	
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HOURS AND DAYS PER WEEK REQUIRED FOR First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)

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2nd year practicum students: (3rd year do	octoral students; 12 months)
Elective practicum students: (4th year; 8	-month August-April 1)
PROGRAM REQUIREMENTS FOR COMP	PLETING THIS PRACTICUM
Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
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PRIMARY TREATMENT	MODALITIES (Check all	l that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fam	ily Therapy
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		Harm Reduction	
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* * *	NO YES; COST:
	DENCE OVER PRACTICUM HOURS ARE COLLEGE OF TO THE STATE OF
HOURS AND DAYS PER WEEK REQUIRED FOR First year practicum student hours/days:	(10-15/week) (15-20/week)
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BRIEF DESCRIPTION OF PROGRAM:

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Other:			
PRIMARY TREATMENT	MODALITIES (Check all	l that apply):	
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Interpersonal Therapy	17	Marriage and Fam	ily Therapy
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	Ţ	Harm Reduction	
PSychodynamic Therapy		Mindfulness	
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HOURS AND DAYS PER WEEK REQUIRED FOR I	PRACTICUM:
irst year practicum student hours/days:econd year practicum student hours/days:Elective practicum student hours/days:	(15-20/week)
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Other:			
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Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fam	ily Therapy
Exposure Therapy		Play Therapy	
	Ţ	Harm Reduction	
PSychodynamic Therapy		Mindfulness	
Psychodynamic Therapy	rany	Minarumess	
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PSYCHOLOGY DOCTORAL CLASS HOURS. STUI THEY HAVE CLASSES- THERE IS NO EXCEPTION	
HOURS AND DAYS PER WEEK REQUIRED FOR I	
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Elective practicum student hours/days:	(10-15/week)
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BRIEF DESCRIPTION OF PROGRAM:

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Note: If you have two sites, you need a descrip	otion for each one
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Program/Institution/Department	
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Supervisor Name, Degree	
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Program's Web Address	
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PRIMARY CLIENT/PATIENT POPULATION	
Children (under 13) Adolescents (13-	
Individual Group	Couples Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Che	** **
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
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Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	
CLINICAL DESCRIP	PTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATIONS SEI	RVED (Check all that apply):
Children (under 13) Adolescents (13-18)	Adults (19-64) Older Adults (65+)
Individual Group	Couples Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Check all	that annly).
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
	Marriage and Family Therapy
∐Interpersonal Therapy	Play Therapy
Exposure Therapy	Harm Reduction
Psychodynamic Therapy	Mindfulness
Dialectical Behavior Therapy	Neuropsychology
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	
Achievement and Aptitude Tests	Objective Personality Tests
Intelligence Tests	Projective Personality Tests
Neuropsychological Tests	
Other (list all major assessments not listed above):	
Describe Required Training and Supervision Prereq	uisites (classes, degrees, experience,
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PROGRAM REQUIREMENTS FOR COMP	PLETING THIS PRACTICUM
Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Clothing, scrubs, etc.	TB Screening
Other (describe):	
Student use of prescribed Medical Marijuana is peri	mitted: NO YES
Cost to park a car? If yes, how much per day? N	O YES; COST:
PSYCHOLOGY DOCTORAL CLASS HOURS. STUI THEY HAVE CLASSES- THERE IS NO EXCEPTION	
HOURS AND DAYS PER WEEK REQUIRED FOR I	PRACTICUM:
	(10-15/week)
Second year practicum student hours/days:	(15-20/week) (10-15/week)
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BRIEF DESCRIPTION OF PROGRAM:

FULL SITE NAME:	
Note: If you have two sites, you need a descrip	otion for each one
Type of site (check one): NSU PSC NS	
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College Students Veterans	Homeless LGBTQ+
Other:	
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Other (describe):	-
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Cost to park a car? If yes, how much per day?	
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IOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:
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PROGRAM REQUIREMENTS FOR COMP	PLFTING THIS PRACTICUM	
Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Clothing, scrubs, etc.	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	mitted: NO YES	
Cost to park a car? If yes, how much per day? N	IO YES; COST:	
NOTE: THE ONLY THING THAT TAKES PRECED PSYCHOLOGY DOCTORAL CLASS HOURS. STU THEY HAVE CLASSES- THERE IS NO EXCEPTION	DENTS CANNOT COME TO A PRACTICUM SITE IF	
HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:	
First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)	
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BRIEF DESCRIPTION OF PROGRAM:

	es, you need a description	for each one	-
	NSU PSC NSU No	ot PSC Not NSU S	ite Number:
Current Date:			
Date Last Modified			
Program/Institution/Depar	rtment		
Address			
Supervisor Name, Degree			
Florida PSY License #			
Supervisor Email			
Supervisor Work Phone			
Supervisor Cell Phone			
Program's Web Address			
		PTION OF PROGRAM	
PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT	MODALITIES (Check all	l that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fam	ily Therapy
Exposure Therapy		Play Therapy	
	Ţ	Harm Reduction	
Psychodynamic Therapy		Mindfulness	
Psychodynamic Therapy	rany	Minarumess	
Dialectical Behavior The	rapy		
Dialectical Behavior The Rehab Therapy	rapy	Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:			
Dialectical Behavior The Rehab Therapy Other:Other: (Chemostrate)	ck all that apply):	Neuropsychology	liter Tanta
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Chean Achievement and Aptitude) Intelligence Tests	ck all that apply): ade Tests	Neuropsychology	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude Intelligence Tests Neuropsychological Test	ck all that apply): ade Tests	Neuropsychology Objective Persona Projective Persona	•

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Drug Test	Physician's Statement of Readiness	
Clothing, scrubs, etc.	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	mitted: NO YES	
Cost to park a car? If yes, how much per day? N		
	DENCE OVER PRACTICUM HOURS ARE COLLEGE OF DENTS CANNOT COME TO A PRACTICUM SITE IF N TO THIS.	
HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:	
First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(15-20/week)	
RRIFE DESCRIPTION OF PROGRAM:		

FULL SITE NAME:	
Note: If you have two sites, you need a description	for each one
Type of site (check one): NSU PSC NSU No	
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 DESCRIP	PTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATIONS SEI	RVED (Check all that apply):
Children (under 13) Adolescents (13-18)	Adults (19-64) Older Adults (65+)
Individual Group	Couples Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Check all	that annly).
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
	Marriage and Family Therapy
∐Interpersonal Therapy	Play Therapy
Exposure Therapy	Harm Reduction
Psychodynamic Therapy	Mindfulness
Dialectical Behavior Therapy	Neuropsychology
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	
Achievement and Aptitude Tests	Objective Personality Tests
Intelligence Tests	Projective Personality Tests
Neuropsychological Tests	
Other (list all major assessments not listed above):	
Describe Required Training and Supervision Prereq	uisites (classes, degrees, experience,
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HOURS AND DAYS PER WEEK REQUIRED FOR First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)	

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Children (under 13) Adolescents (13-18)	Adults (19-64) Older Adults (65+)
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Other:	
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Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
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Psychodynamic Therapy	Mindfulness
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Intelligence Tests	Projective Personality Tests
Neuropsychological Tests	
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Elective practicum students: (4th year; 8	3-month August-April 1)
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PROGRAM REQUIREMENTS FOR COM	PLETING THIS PRACTICUM
Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
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Other (describe):	, =
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Cost to park a car? If yes, how much per day?	
	DENCE OVER PRACTICUM HOURS ARE COLLEC
YCHOLOGY DOCTORAL CLASS HOURS. STU	DENTS CANNOT COME TO A PRACTICUM SITE
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OURS AND DAYS PER WEEK REQUIRED FOR	PRACTICIIM.
rst year practicum student hours/days:	
cond year practicum student hours/days:	(10-13/Week) (15-20/week)
ective practicum student hours/days:	
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CLINICAL DESCRIP	PTION OF PROGRAM	
PRIMARY CLIENT/PATIENT POPULATIONS SEI	RVED (Check all that apply):	
Children (under 13) Adolescents (13-18)	Adults (19-64) Older Adults (65+)	
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Other:		
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Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy	
	Marriage and Family Therapy	
∐Interpersonal Therapy	Play Therapy	
Exposure Therapy	Harm Reduction	
Psychodynamic Therapy	Mindfulness	
Dialectical Behavior Therapy	Neuropsychology	
Rehab Therapy	Neuropsychology	
Other:		
ASSESSMENT TYPE (Check all that apply):		
Achievement and Aptitude Tests	Objective Personality Tests	
Intelligence Tests	Projective Personality Tests	
Neuropsychological Tests		
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Other (describe):	
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Cost to park a car? If yes, how much per day? N	O YES; COST:
PSYCHOLOGY DOCTORAL CLASS HOURS. STUI THEY HAVE CLASSES- THERE IS NO EXCEPTION	
HOURS AND DAYS PER WEEK REQUIRED FOR I	PRACTICUM:
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Second year practicum student hours/days:	(15-20/week) (10-15/week)
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Note: If you have two sites, you need a descri	ription for each one
Type of site (check one): NSU PSC	NSU Not PSC Not NSU Site Number:
Current Date:	
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Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	
CLINICAL DI	ESCRIPTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATIO	ONS SERVED (Check all that apply):
Children (under 13) Adolescents (1	3-18) Adults (19-64) Older Adults (65+)
☐Individual ☐Group	☐ Couples ☐ Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (CI	heck all that apply):
Behavioral or Cognitive Behavioral Therapy	
Interpersonal Therapy	Marriage and Family Therapy
	Play Therapy
Exposure Therapy	Harm Reduction
☐ Psychodynamic Therapy	Mindfulness
Dialectical Behavior Therapy	Neuropsychology
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	
☐ Achievement and Aptitude Tests	Objective Personality Tests
Intelligence Tests	Projective Personality Tests
☐ Neuropsychological Tests	
Other (list all major assessments not listed	above):
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Other:			
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Interpersonal Therapy	17	Marriage and Fam	ily Therapy
Exposure Therapy		Play Therapy	
	Ţ	Harm Reduction	
Psychodynamic Therapy		Mindfulness	
Psychodynamic Therapy	rany	Minarumess	
Dialectical Behavior The	rapy		
Dialectical Behavior The Rehab Therapy	rapy	Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:			
Dialectical Behavior The Rehab Therapy Other:Other: (Chemostrate)	ck all that apply):	Neuropsychology	liter Tanta
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Chean Achievement and Aptitude) Intelligence Tests	ck all that apply): ade Tests	Neuropsychology	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude Intelligence Tests Neuropsychological Test	ck all that apply): ade Tests	Neuropsychology Objective Persona Projective Persona	•

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HOURS AND DAYS PER WEEK REQUIRED FOR I	PRACTICUM:
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Second year practicum student hours/days:	(15-20/week) (10-15/week)
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PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
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Psychodynamic Therapy		Mindfulness	
Psychodynamic Therapy	rany	Minarumess	
Dialectical Behavior The	rapy		
Dialectical Behavior The Rehab Therapy	rapy	Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:			
Dialectical Behavior The Rehab Therapy Other:Other: (Chemostrate)	ck all that apply):	Neuropsychology	liter Tanta
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Chean Achievement and Aptitude) Intelligence Tests	ck all that apply): ade Tests	Neuropsychology	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude Intelligence Tests Neuropsychological Test	ck all that apply): ade Tests	Neuropsychology Objective Persona Projective Persona	•

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HOURS AND DAYS PER WEEK REQUIRED FOR First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)	

BRIEF DESCRIPTION OF PROGRAM:

	NSU PSC NSU No	ot PSC Not NSU S	ite Number:
Current Date:			
Date Last Modified			
Program/Institution/Depar	tment		
Address			
Supervisor Name, Degree			
Florida PSY License #			
Supervisor Email			
Supervisor Work Phone			
Supervisor Cell Phone			
Program's Web Address			
	CLINICAL DESCRIP	TION OF PROGRAM	
PRIMARY CLIENT/PATIE	NT POPULATIONS SEE	RVED (Check all that ap	oply):
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT I	MODALITIES (Check all	that apply):	
Behavioral or Cognitive I			ommitment Therapy
Interpersonal Therapy	Chavioral Therapy	Marriage and Fami	
–		Play Therapy	-, _F ,
Exposure Therapy		Harm Reduction	
Psychodynamic Therapy		Mindfulness	
Dialectical Behavior Ther	apy	Neuropsychology	
Rehab Therapy		Neuropsychology	
Other:			
ASSESSMENT TYPE (Chec			
Achievement and Aptitu	de Tests	Objective Personal	lity Tests
Intelligence Tests		Projective Persona	ality Tests
Neuropsychological Tests			
Other (list all major asses	ssments not listed above):		
Describe Required Training	g and Supervision Prereq	uisites (classes, degrees,	experience,
evening hours, etc. that are o	utside of required COP o	curriculum):	

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HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:		
First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)		
DDIEE DESCRIPTION OF DDOCD AM.			

BRIEF DESCRIPTION OF PROGRAM:

FULL SITE NAME:	
Note: If you have two sites, you need a descrip	otion for each one
Type of site (check one): NSU PSC NS	
Current Date:	
Date Last Modified	
Program/Institution/Department	
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Supervisor Name, Degree	
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Program's Web Address	
	SCRIPTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATION	
Children (under 13) Adolescents (13-	
Individual Group	Couples Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Che	** **
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
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Exposure Therapy	Play Therapy
Psychodynamic Therapy	Harm Reduction
Dialectical Behavior Therapy	Mindfulness
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	
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Intelligence Tests	Projective Personality Tests
Neuropsychological Tests	Trojective reisonanty rests
Other (list all major assessments not listed ab	oove):
Describe Required Training and Supervision P	
evening hours, etc. that are outside of required (
evening nours, etc. that are outside of required	501 currentain).

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HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:	
First year practicum student hours/days:Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)	
DDIEE DESCRIPTION OF DROCK AM.		

BRIEF DESCRIPTION OF PROGRAM:

	es, you need a description	for each one	-
	NSU PSC NSU No	ot PSC Not NSU S	ite Number:
Current Date:			
Date Last Modified			
Program/Institution/Depar	rtment		
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PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT	MODALITIES (Check all	l that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fam	ily Therapy
Exposure Therapy		Play Therapy	
	Ţ	Harm Reduction	
Psychodynamic Therapy		Mindfulness	
Psychodynamic Therapy	rany	Minarumess	
Dialectical Behavior The	rapy		
Dialectical Behavior The Rehab Therapy	rapy	Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:			
Dialectical Behavior The Rehab Therapy Other:Other: (Chemostrate)	ck all that apply):	Neuropsychology	liter Tanta
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Chean Achievement and Aptitude) Intelligence Tests	ck all that apply): ade Tests	Neuropsychology	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Che Achievement and Aptitude Intelligence Tests Neuropsychological Test	ck all that apply): ade Tests	Neuropsychology Objective Persona Projective Persona	•

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Number of students by year (should equal total # of students by year)	students listed above)	
1 st year practicum students: (2nd year doctoral students; 12 months) 2 nd year practicum students: (3rd year doctoral students; 12 months) Elective practicum students: (4th year; 8-month August-April 1)		
PROGRAM REQUIREMENTS FOR COMP	PLETING THIS PRACTICUM	
Interview	Proof of Immunization	
Background Check; if yes Level:	Proof of Health Insurance	
Fingerprints	Physical Examination	
Drug Test	Physician's Statement of Readiness	
Clothing, scrubs, etc.	TB Screening	
Other (describe):		
Student use of prescribed Medical Marijuana is per	mitted: NO YES	
Cost to park a car? If yes, how much per day?	IO YES; COST:	
NOTE: THE ONLY THING THAT TAKES PRECED PSYCHOLOGY DOCTORAL CLASS HOURS. STUTHEY HAVE CLASSES- THERE IS NO EXCEPTION	DENTS CANNOT COME TO A PRACTICUM SITE IF	
HOURS AND DAYS PER WEEK REQUIRED FOR	PRACTICUM:	
First year practicum student hours/days:Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)	
DDIEE DESCRIPTION OF DROCK AM.		

BRIEF DESCRIPTION OF PROGRAM:

FULL SITE NAME:	
Note: If you have two sites, you need a descrip	otion for each one
Type of site (check one): NSU PSC NS	
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	
	SCRIPTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATION	
Children (under 13) Adolescents (13-	
Individual Group	Couples Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Che	** **
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
∐Interpersonal Therapy	Marriage and Family Therapy
Exposure Therapy	Play Therapy
Psychodynamic Therapy	Harm Reduction
Dialectical Behavior Therapy	Mindfulness
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	
Achievement and Aptitude Tests	Objective Personality Tests
Intelligence Tests	Projective Personality Tests
Neuropsychological Tests	Trojective reisonanty rests
Other (list all major assessments not listed ab	oove):
Describe Required Training and Supervision P	
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PROGRAM REQUIREMENTS FOR COM		
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Other (describe):		
Student use of prescribed Medical Marijuana is per	rmitted: NO YES	
* * *	NO YES; COST:	
	DENCE OVER PRACTICUM HOURS ARE COLLEGE OF TO THE STATE OF	
HOURS AND DAYS PER WEEK REQUIRED FOR First year practicum student hours/days:	(10-15/week) (15-20/week)	
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Supervisor Name, Degree			
Florida PSY License #			
Supervisor Email			
Supervisor Work Phone			
Supervisor Cell Phone			
Program's Web Address			
		PTION OF PROGRAM	
PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT	MODALITIES (Check all	l that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fam	ily Therapy
Exposure Therapy		Play Therapy	
	Ţ	Harm Reduction	
Psychodynamic Therapy		Mindfulness	
Psychodynamic Therapy	rany	Minarumess	
Dialectical Behavior The	rapy		
Dialectical Behavior The Rehab Therapy	rapy	Neuropsychology	
Dialectical Behavior The Rehab Therapy Other:			
Dialectical Behavior The Rehab Therapy Other:Other: (Chemostrate)	ck all that apply):	Neuropsychology	liter Tanta
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Chean Achievement and Aptitude) Intelligence Tests	ck all that apply): ade Tests	Neuropsychology	•
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1st year practicum students:(2nd year decomposition)2nd year practicum students:(3rd year decomposition)Elective practicum students:(4th year; 8)	loctoral students; 12 months) octoral students; 12 months) 3-month August-April 1)
PROGRAM REQUIREMENTS FOR COMP	PLETING THIS PRACTICUM
Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
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Other (describe):	
Student use of prescribed Medical Marijuana is per	mitted: NO YES
Cost to park a car? If yes, how much per day? N	NO YES; COST:
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First year practicum student hours/days:Second year practicum student hours/days: Elective practicum student hours/days:	(15-20/week)
BRIEF DESCRIPTION OF PROGRAM:	

FULL SITE NAME:				
Note: If you have two site			one	C'i a Ni a ala a
Type of site (check one):	NSU PSC	NSU Not PSC	Not NSU	Site Number:
Current Date:				
Date Last Modified				
Program/Institution/Depar	rtment			
Address				
Supervisor Name, Degree				
Florida PSY License #				
Supervisor Email				
Supervisor Work Phone				
Supervisor Cell Phone				
Program's Web Address				
	CLINICA	L DESCRIPTION C	F PROGRAM	
PRIMARY CLIENT/PATII	ENT POPULA	ATIONS SERVED (C	heck all that a	pply):
Children (under 13)	Adolescer	nts (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group		Couples	Family
College Students	Veterans		Homeless	LGBTQ+
Other:	_	_		
PRIMARY TREATMENT	MODALITIE	S (Check all that and		
Behavioral or Cognitive			•	Commitment Therapy
¬	Dellavioral III		rriage and Fan	• •
Interpersonal Therapy		_	y Therapy	iny incrupy
Exposure Therapy			m Reduction	
Psychodynamic Therapy			ndfulness	
☐Dialectical Behavior The	rapy			
Rehab Therapy		Net	ıropsychology	
Other:				
ASSESSMENT TYPE (Chec	ck all that app	oly):		
Achievement and Aptitu	ıde Tests	Ob	jective Person	ality Tests
Intelligence Tests		Pr	ojective Person	ality Tests
Na	ts	_	•	·
∟Neuropsychological Test	_	sted above).		
Other (list all major asse	essments not li			
1 .			classes, degrees	s, experience,
Other (list all major asse Describe Required Trainin	g and Supervi	ision Prerequisites (_	s, experience,
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PROGRAM REQUIREMENTS FOR COMPL	LETING THIS PRACTICUM
Interview	Proof of Immunization
Background Check; if yes Level:	Proof of Health Insurance
Fingerprints	Physical Examination
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Other (describe):	
Student use of prescribed Medical Marijuana is perm	nitted: NO YES
Cost to park a car? If yes, how much per day? NO	YES; COST:
	TNOT OVER DRACTICHM HOURS ARE COLLECT.
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THEY HAVE CLASSES- THERE IS NO EXCEPTION	
HOURS AND DAYS PER WEEK REQUIRED FOR P	
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:	

No, not available

Yes, for sure

CCE Case Available:

FULL SITE NAME:	
Note: If you have two sites, you need a descrip	otion for each one
Type of site (check one): NSU PSC NS	
Current Date:	
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	SCRIPTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATION	
Children (under 13) Adolescents (13-	
Individual Group	Couples Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Che	** **
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
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Dialectical Behavior Therapy	Mindfulness
Rehab Therapy	Neuropsychology
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HOURS AND DAYS PER WEEK REQUIRED FOR First year practicum student hours/days: Second year practicum student hours/days: Elective practicum student hours/days:	(10-15/week) (15-20/week)

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PRIMARY CLIENT/PATIENT POPULATION	
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College Students Veterans	Homeless LGBTQ+
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FULL SITE NAME:	
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Address	
Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	
CLINICAL DI	ESCRIPTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATIO	ONS SERVED (Check all that apply):
Children (under 13) Adolescents (1	3-18) Adults (19-64) Older Adults (65+)
☐Individual ☐Group	☐ Couples ☐ Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (CI	heck all that apply):
Behavioral or Cognitive Behavioral Therapy	
Interpersonal Therapy	Marriage and Family Therapy
	Play Therapy
Exposure Therapy	Harm Reduction
☐ Psychodynamic Therapy	Mindfulness
Dialectical Behavior Therapy	Neuropsychology
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	
☐ Achievement and Aptitude Tests	Objective Personality Tests
Intelligence Tests	Projective Personality Tests
☐ Neuropsychological Tests	
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	d COP curriculum):

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Program/Institution/Depar	rtment		
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Dialectical Behavior The	rapy		
Dialectical Behavior The Rehab Therapy	rapy	Neuropsychology	
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Dialectical Behavior The Rehab Therapy Other: ASSESSMENT TYPE (Checomology) Achievement and Aptitude	ck all that apply):	Neuropsychology Objective Persona	•
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Fingerprints	Physical Examination
Drug Test	Physician's Statement of Readiness
Clothing, scrubs, etc.	TB Screening
Other (describe):	
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BRIEF DESCRIPTION OF PROGRAM:	

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Note: If you have two sites, you need a descrip	otion for each one
Type of site (check one): NSU PSC NS	
Current Date:	
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Supervisor Name, Degree	
Florida PSY License #	
Supervisor Email	
Supervisor Work Phone	
Supervisor Cell Phone	
Program's Web Address	
	SCRIPTION OF PROGRAM
PRIMARY CLIENT/PATIENT POPULATION	
Children (under 13) Adolescents (13-	
Individual Group	Couples Family
College Students Veterans	Homeless LGBTQ+
Other:	
PRIMARY TREATMENT MODALITIES (Che	** **
Behavioral or Cognitive Behavioral Therapy	Acceptance and Commitment Therapy
∐Interpersonal Therapy	Marriage and Family Therapy
Exposure Therapy	Play Therapy
Psychodynamic Therapy	Harm Reduction
Dialectical Behavior Therapy	Mindfulness
Rehab Therapy	Neuropsychology
Other:	
ASSESSMENT TYPE (Check all that apply):	
Achievement and Aptitude Tests	Objective Personality Tests
Intelligence Tests	Projective Personality Tests
Neuropsychological Tests	Trojective reisonanty rests
Other (list all major assessments not listed ab	oove):
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Program's Web Address			
		PTION OF PROGRAM	
PRIMARY CLIENT/PATI	_		
Children (under 13)	Adolescents (13-18)	Adults (19-64)	Older Adults (65+)
Individual	Group	Couples	Family
College Students	Veterans	Homeless	☐LGBTQ+
Other:			
PRIMARY TREATMENT	MODALITIES (Check all	l that apply):	
Behavioral or Cognitive	Behavioral Therapy	Acceptance and Co	ommitment Therapy
Interpersonal Therapy	17	Marriage and Fam	ily Therapy
Exposure Therapy		Play Therapy	
		Harm Reduction	
Psychodynamic Therapy		Mindfulness	
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Children (under 13) Adolescents	(13-18) Adults (19-64) Older Adults (65+)
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Other:	
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Other (list all major assessments not liste	ed above):
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No, not available

Yes, for sure

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Current Date:				
Date Last Modified				
Program/Institution/Depar	rtment			
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