

Application for CAPS Practicum Placement

1. Name: _____ Phone: _____

2. Address: _____ Email: _____

3. Date of Application: ____ / ____ / ____

4. Degree Program in which you are currently enrolled: _____

a. Entry Date into Program: _____

b. Expected Completion Date in Program: ____ / ____ / ____

c. Current GPA in Program: _____

5. Completed course work directly related to counseling/assessment:

Course Number and Title

Institution

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Please describe previous counseling/assessment practica experiences in terms of the following:

a. Agency setting

b. Client population (including clients' cultural diversities)

c. Nature of your contact (group, individual, vocational, testing, etc.)

d. Supervisor(s)

7. Briefly describe why you are interested in a clinical placement at CAPS and what your overall goals for this experience would be?

8. What do you hope/expect to receive from supervision at CAPS

9. Additional information you wish to include?

Student Applicant's Signature

____/____/____
Date

Signature of Student's Training Director/Coordinator

____/____/____
Date

Counseling and Psychological Services requests all of the aforementioned information for the purpose of processing your application for the CAPS Clinical Placement.

This information is kept confidential and is not provided to anyone without your prior written consent. Responses to all items are required to have your application considered complete. Failure to complete any items will mean your application is incomplete and it will not be considered by the CAPS Training Team for placement. Applications are considered as they are received.

COMPLETED APPLICATION INCLUDES:

1. Completed Application Form
2. Current Curriculum vitae, which includes the names and contact information for 2 references
3. Certification of Eligibility for CAPS Clinical Placement

An interview will be scheduled by CAPS Staff only after receipt of a completed application.
An interview is required for placement at CAPS.

PLEASE RETURN ALL APPLICATION MATERIALS TO:

Assistant Director for Training
Counseling and Psychological Services
703 Third Street, Room 1120
Purdue University
West Lafayette, IN 47907-1826
(765) 494-6995 Fax: (765) 496-3004

<http://www.purdue.edu/caps>

Certification of Eligibility for CAPS Clinical Placement
To Be Completed Only by Graduate Training Director/Coordinator

Applicant's Name: _____

Degree to Be Awarded: Ph.D.: _____ Psy.D.: _____ M.S.W.: _____ M.A.: _____

Program/Department: _____ University: _____

APA/CPA/CSWE/AAMFT Accredited: Yes _____ No _____

PREVIOUS THERAPY EXPERIENCE:

1. Number of actual hours of direct service delivery with clients/patients by modality listed below:

a. Individual: _____ hours
b. Couples: _____ hours
d. Group: _____ hours

2. Number of actual hours in direct assessment of clients/patients:

a. Hours of formal psychometric testing: _____ hours
b. Hours of interview/observation based assessment: _____ hours

3. TOTAL NUMBER OF DIRECT SERVICE HOURS: _____ **HOURS**

4. Number of actual hours of supervision received:

a. One-to-one, face-to-face individual supervision: _____ hours
b. Group/class/peer/case conference supervision: _____ hours

TOTAL SUPERVISION HOURS: _____ **HOURS**

(Please Turn Over to Complete Back Side)

OVERALL ASSESSMENT (please circle the appropriate number):

This applicant:	Below Average		Average		Exceptional
1. Possesses emotional stability and maturity necessary to handle a counseling center experience.	1	2	3	4	5
2. Possesses the theoretical/academic foundation necessary for effective counseling/clinical work.	1	2	3	4	5
3. Possesses the skills necessary for translating theory into integrated and applied clinical practice.	1	2	3	4	5
4. Demonstrates awareness of and practices according to the current standards of ethics of the profession.	1	2	3	4	5
5. Demonstrates the capacity to participate in supervision constructively and can non-defensively modify his/her behavior in response to supervisory feedback.	1	2	3	4	5
6. Demonstrates a sensitivity and awareness to multi-cultural diversity.	1	2	3	4	5
7. Demonstrates the ability to work with others in a constructive and cooperative manner.	1	2	3	4	5

ELIGIBILITY AND READINESS:

I certify that the applicant named is considered to be eligible and ready for a clinical placement at CAPS: (this is a placement that involves semi-autonomy, case management skills, a minimum of intermediate-beginner therapy skills, and a tolerance for and interest in intensive supervision).

Yes _____ No _____

Signature of Training Director/Coordinator: _____

Date: _____

Telephone Number: () _____

Please Print Name and Title: _____

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