

Practicum Application/Advisement Form

Master of Arts in Counseling Psychology, Argosy University/SFBA

Students Name: _____

Daytime Number: _____

Email: _____

INSTRUCTIONS

(1) Review the site descriptions located Online, in the Computer Lab or Practicum Training Office.

(2) Fill out this form and return it to the Practicum Director before specified due date.

PROFESSIONAL OBJECTIVES

1. Student's long-range goals/ interests (e.g. Treatment setting, population, etc.)

2. Preference List

List at least four to six preferences for practicum placement, rank order from most to least preferred. Lists containing fewer than four choices will not be accepted/considered (does not apply to out of area applicants). Every effort will be made to assist you in gaining placement to at least one of your listed sites. However, sites in the Bay Area are very competitive and make their decisions regarding trainees based on student experience, quality of recommendations and availability.

3. Please list specific populations of interest (i.e. children, substance abuse, inpatient...):

4. Please list specific populations you preferred NOT to work with:

BACKGROUND INFORMATION

This information will be utilized in considering your options. Please be specific about your level of experience in each instance. (*Additionally, please attach a current resume*).

1. Previous and present clinical employment or volunteer experience (give name and type of agency; describe your duties accurately).

2. Previous clinical training (employment and non-employment, including previous practica, etc...).

3. Special competencies acquired (e.g., Testing, treatment modalities, specific population, foreign language etc...).

4. Special concerns/needs (e.g., documented disability, transportation, potential conflict of interest, time constraints etc...).

SEMINAR PREFERENCE:

Practicum Seminars are scheduled based on student indicated preference, classroom availability, and instructor availability. Please rank preferred day and time (1 being most preferred).

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

___ 9-12:30 am ___ 1:30-5pm ___ 6-9:30pm

Other day/time: _____

Comments:

I have read, understand, and agree to abide by the Practicum Handbook:

Student Signature

Date