**Department of Psychology**

University of Central Oklahoma

**Practicum Application for Counseling Psychology Students**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Mailing Address

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Telephone (home) \_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UCO email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected date of graduation \_\_\_\_\_\_\_\_

The courses listed below must be completed before you may begin a practicum. If you are currently enrolled in a prerequisite course *please estimate your grade*. Courses marked with an asterisk (\*) must have a grade of “B” or higher.

|  |  |  |  |
| --- | --- | --- | --- |
| ABA I |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Cognitive Assessment\* |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Psychopathology\* |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Cultural & Gender Diversity\* |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Individual Counseling\* |  |  |  |
|  | Semester Taken | Grade | Instructor |
| ABA II |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Legal & Ethical\* |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Pers & Psycho Assessment\* |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Group Counseling\* |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Advanced Counseling\* |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Competency Based Counseling\* |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Child & Adolescent Counseling\* |  |  |  |
|  | Semester Taken | Grade | Instructor |
| Couples & Family Counseling\* |  |  |  |
|  | Semester Taken | Grade | Instructor |

Is this your first practicum/internship? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

If no, please describe your previous practicum experience.

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Preference for sites: Please list 3 potential practicum sites in order of preference

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the remaining courses you must complete to graduate and the dates you plan to complete them. Students are allowed to complete six total hours, in addition to the minimum of 6 hours for the two-consecutive semester practicum, during their practicum placement.

Courses to Complete Proposed Dates of Enrollment\*

\* It is the student’s responsibility to determine when courses are offered (refer to the Psychology Courses schedule).

Please attach a current copy of your official UCO transcript and a copy of your current resume or CV, including names of supervisors and phone numbers of counseling related employment within the past three years.

I understand that by signing and submitting this application, I am agreeing that I have read, understand, and accept the Practicum Application Guidelines and Practicum Placement Guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

If you have any questions about the application or the process, please contact Dr. Caleb Lack at 974-5456 or clack@uco.edu.

Accepted\_\_\_\_\_\_\_\_\_\_ Denied\_\_\_\_\_\_\_\_\_\_ Deferred\_\_\_\_\_\_\_\_\_\_

Comments

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_