**Department of Psychology**

University of Central Oklahoma

**Practicum Application for Marriage and Family Therapy 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 psychology courses listed below must be completed before you may begin a MFT practicum in the psychology department. These courses must be completed in addition to courses required by your program in HES. If you are currently enrolled in a prerequisite course please estimate your grade.

PSYCH 5473 *Individual Counseling* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester Taken Grade Instructor

PSYCH 5483 *Group Counseling* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Taken Grade Instructor

PSYCH 5233 *Psychopathology* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester Taken Grade Instructor

PSYCH 5523 *Child & Adolescent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Counseling*  Semester Taken Grade Instructor

PSYCH 5533 *Couples and Family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Counseling* Semester Taken Grade Instructor

PSYCH 5263 *Legal and Ethical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Aspects of Counseling* Semester Taken Grade Instructor

(or approved equivalent)

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.

Courses to Complete Proposed Dates of Enrollment

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 MFT Practicum Application and Guidelines.

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

Student Signature Date

I have reviewed and support this student’s application for the Marriage and Family practicum through the Department of Psychology for the Spring 2010 semester.

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HES Program Coordinator/Chair Date

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

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

Comments

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