

Practicum/Internship Training Site Application
Department of Psychology and Counseling
University of Central Arkansas

Name of Agency: _____

Address: _____

Telephone Number: _____

Supervisors (type of professional license): _____

Supervisor Contact Information: Phone#: _____

Email: _____

Please describe your agency/facility (Community Mental Health Center, non-profit, residential facility, inpatient hospital, etc) and the composition of your clinical staff (number and type of clinicians).

Describe the types of clients served and the types of services provided by your agency/facility.

Please describe the types of supervised clinical experiences available to potential Practicum Students/Interns (including, individual/group treatment, personality assessment, psycho-educational assessment, intake assessment, marriage and family therapy, etc).

Please describe how training is integrated into your agency (e.g., role of students/interns, availability of supervision, didactic training opportunities, etc).

What are the names and credentials of the clinicians who would provide clinical supervision for students/interns?

Please provide any other relevant information about your agency.