UNIVERSITY OF CENTRAL ARKANSAS COUNSELING CENTER

APPLICATION FOR (Check all that apply):
MASTERS LEVEL PRACTICUM
MASTERS LEVEL GRADUATE ASSISTANSHIP
MASTERS LEVEL GRADUATE INTERSHIP
DOCTORAL LEVEL PRACTICUM
DOCTORAL LEVEL GRADIJATE ASSISTANSHIP

TINA JORDAN DIRECTOR OF TRANING

Application [Please Type or Print]

Part I: Background Information Name: Date: Local Address: Phone Numbers: Cub Account Email address: Alternative Email addresses: Student ID#: Previous college(s) attended: Dates Attended: Degree(s)/Majors(s) & GPA(s): UCA Graduate Program: _____ Counseling Psychology _____ Mental Health Counseling Hours completed (after this semester): **Expected Graduation Date:** Practicum I (date): Instructor: Location & Agency Supervisor: Practicum II (date): Instructor: Location & Agency Supervisor: Doctoral Practicums (date): Instructor: Location & Agency Supervisor: Doctoral Practicums (date): Instructor: Location & Agency Supervisor: Doctoral Practicums (date): Instructor: Location & Agency Supervisor:

Part II: Please answer each	question with as	s much detail a	s necessary:
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- 1. Describe previous (if any) relevant mental health experience, outside of supervised Practicum/graduate training:
- 2. Briefly describe your previous practicum experience (if any), highlighting type of setting, client and Supervision hours, number and type of clients you worked with, and progress at termination.
- 3. What types of clients would you like to work with/learn more about?
- 4. What counseling theory/theories do you prefer? Why?
- 5. Briefly describe you interest in a position at the Counseling Center (e.g., current client interests, career goals):

PLEASE ATTACH A COPY OF YOUR RESUME/VITA