

UNIVERSITY OF CENTRAL ARKANSAS
COUNSELING CENTER

APPLICATION FOR (Check all that apply):

MASTERS LEVEL PRACTICUM _____

MASTERS LEVEL GRADUATE ASSISTANTSHIP _____

MASTERS LEVEL GRADUATE INTERNSHIP _____

DOCTORAL LEVEL PRACTICUM _____

DOCTORAL LEVEL GRADUATE ASSISTANTSHIP _____

TINA JORDAN LIVINGSTON
DIRECTOR OF TRAINING

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 much detail as necessary:

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 your interest in a position at the Counseling Center (e.g., current client interests, career goals):

PLEASE ATTACH A COPY OF YOUR RESUME/CURRICULUM VITAE