

**University of Rhode Island
Counseling Center
217 Eleanor Roosevelt Hall
Kingston, Rhode Island 02881
TEL: 401-874-2288
FAX: 401-874-5010**

Clinical Graduate Traineeship and Practicum Application Process:

Note. This application is for URI graduate students in Clinical Psychology, Marriage and Family Therapy, School Psychology, and Psychiatric Nursing. Non-URI graduate students seeking practicum placements should first consult with the Counseling Center Director to determine eligibility for placement before completing this form.

- A. Submit the following application form, a resume, and a cover letter that addresses your reasons for applying to this position, including your goals for the year's experience. Highlight particularly relevant employment or training where you were involved in a counseling or therapeutic capacity, especially as it might relate to working at the URI Counseling Center.
- B. Write a brief response to the essay item included in this application.
- C. Include a copy of your graduate transcript(s) (it need not be "official").
- D. Ask two referees to complete the attached Reference Form. One referee should be your academic advisor/major professor unless this person is not familiar with your clinical work. Both referees should be familiar with your work experience in a helping role. Submit all application material in one large envelope. Reference forms should be in sealed envelopes.

Application deadlines: Graduate assistantship/traineeships: March 11, 4:00 pm
Other practicum or internship placements: All applications will be reviewed in the order they are received; review will continue until positions are filled.

All requested materials should be sent to:

Cory J. Clark, PhD
Counseling Center, 217 Roosevelt Hall
University of Rhode Island
Kingston, RI 02881

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Kingston, Rhode Island 02881
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Clinical Graduate Traineeship and Practicum Application

Name: _____

Address: _____

Telephone #: (home) _____ (work) _____ (cell) _____

E-mail: _____

Telephone # during spring recess: _____

Graduate department: _____

This application is for:

- Graduate assistantship/traineeship (paid)
- Social work internship (usually 20 hours)
- Practicum training (10-12 hours)
- Other: _____

Have you successfully completed your program's comprehensive / qualifying examination? (Put an "X" next to only one choice).

- Yes - Date of completion: _____
- No
- Not applicable

Anticipated yr. of pre-doctoral internship (This Question For Clinical/School Psychology Students Only): 20____ - 20____

If you are accepted for this URI counseling Center traineeship/internship: Who will serve as the contact person between your academic department and the URI Counseling Center?

Name: _____

Work Address: _____

Telephone #: _____ **Email:** _____

Referees

1. Name (preferably major advisor): _____ **phone #** _____

2. Name: _____ **phone #** _____

Applicant Name: _____

Clinical Experience

This section is to allow applicants to document their experience in counseling and other psychological interventions. While this form lists a wide range of experiences that one might have had, no applicant is expected to have experience in all, or even most, of these areas. **Hours should not be counted in more than one category.**

Individual Therapy

	Total hours face-to-face	# of different individuals
1) Older Adults (65+)	_____	_____
2) Adults (26-64)	_____	_____
3) Young adults (17-25)	_____	_____
3) Adolescents (13-16)	_____	_____
4) Children (under 13)	_____	_____

Motivational Interviewing

	Total hours face-to-face	# of different individuals
1) Adults (17 and over)	_____	_____

Group Counseling/ Therapy

	Total hours face-to-face	# of different groups
1) Adults (17 and over)	_____	_____
2) Children and adolescents	_____	_____

Couple's or Family Therapy

	Total hours face-to-face	# of different couples/ families
1) Couple's Therapy	_____	_____
2) Family Therapy	_____	_____

Career Counseling or Academic Advising

	Total hours face-to-face	# of different individuals
1) Adults (17 and over)	_____	_____
2) Children and adolescents	_____	_____

Psychological and Neuropsychological Assessment Experience : This is the estimated total number of face to face client contact hours administering tests and providing feedback to clients. This does not include time spent scoring and/or report writing.

Total hours face-to-face: _____

Languages: In which languages other than English (including American Sign Language), are you FLUENT enough to conduct therapy?

Applicant Name: _____

Essay Item

Sometimes we initially try a new intervention, something just comes to us and we try it. Sometimes an intervention works in an unintended way, or the client's response does not match our question but we follow through as it takes us in a new direction. Please write briefly (2 typed paragraphs, at the bottom of this page) about an experience you have had delivering counseling or therapy, in which you learned something new. Specifically, describe how you were able to use the experience in one of the following contexts:

1. The context of a broader theory
2. The context of the client's diagnosis
3. To change the course of treatment
4. To facilitate your own self-awareness
5. To impact future therapeutic interventions

Take care not to reveal any information that might identify your client.

Applicant Name: _____

PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “YES” or “NO”:

1. Has disciplinary action, in writing, of any sort ever been taken against you by a clinical supervisor, educational or training institution, health care institution, professional association, or licensing / certification board? _____
2. Are there any complaints currently pending against you before any of the above bodies? _____
3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending? _____
4. Have you ever been suspended, terminated, or asked to resign by a training program, practicum site, or professionally related employer? _____
5. Have you ever been convicted of an offense against the law other than a minor traffic violation?

6. Have you ever been convicted of a felony? _____

If you answered “Yes” to any of the above questions, please attach an explanation on a separate sheet of paper.

<p>I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. If I am accepted and become a trainee, I expressly agree to comply with all appropriate professional ethical principles and codes of conduct. I also agree to comply with all applicable state and federal laws, and the rules of the Counseling Center and the University of Rhode Island.</p> <p>_____ Applicant's Signature:</p> <p>_____ Date</p>
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University of Rhode Island Counseling Center

Clinical Graduate Traineeship Reference Form

Student's Name _____
 Referee's Name _____ Referee's phone #: _____

How long have you known this student? _____
 In what capacity do you know of this student's clinical abilities? _____

What clinical populations has this student served? _____

In which clinical modalities has this student been trained? _____

Please briefly describe the extent of this student's clinical abilities in assessment, diagnosis, and treatment. _____

What skills, assets and abilities have you seen in this student's clinical work that you would hope to encourage? _____

What do you see as likely areas for growth and continuing supervision for this student? _____

Of all the graduate students you have supervised, how would this student's ability and readiness to perform clinical work compare? Top 1% ___ 2% ___ 5% ___ 10% ___ 25% ___ 50% ___ 75% ___

Using the following scale: (1= strongly disagree, 7= strongly agree), indicate your level of agreement with each of the following statements about this applicant:

- | | |
|---|---------------------------------------|
| This applicant possesses the emotional stability and maturity to handle the challenges of clinical work in a busy university counseling center. | <> <> <> <> <> <> <>
1 2 3 4 5 6 7 |
| This applicant possesses the theoretical/academic foundation necessary for effective counseling / clinical work. | <> <> <> <> <> <> <>
1 2 3 4 5 6 7 |
| This applicant possesses the skills necessary for translating theory into integrated practice. | <> <> <> <> <> <> <>
1 2 3 4 5 6 7 |
| This applicant demonstrates awareness of, and practices in accordance with, appropriate ethical guidelines. | <> <> <> <> <> <> <>
1 2 3 4 5 6 7 |
| This applicant demonstrates the capacity to participate in supervision constructively and can modify his or her behavior in response to feedback. | <> <> <> <> <> <> <>
1 2 3 4 5 6 7 |

Additional comments regarding any of the above responses can be written on the back of this page.

Signature: _____ Date: _____

Please complete and sign this form, place it in a sealed envelope, and return it to your student. All materials will be submitted together in one large envelope by 4:00 pm March 11.

University of Rhode Island Counseling Center

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