



University Counseling Center

ADVANCED PRACTICUM TRAINING PROGRAM

Application Form

Name: _____ Date: _____

Address: _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail address: _____

I am applying for:

- Fall Semester 2011 and Spring Semester 2012 (August 2011 to May 2012) Application due by April 16, 2011
- Fall Semester 2011 only (August 2011 to December 2011) Application due by April 16, 2011
- Spring Semester 2012 only (January 2012 to May 2012) Application due by October 15, 2012

I am currently enrolled in the following program:

- Ph.D.
- Ed.D.
- PsyD
- Masters Program

Graduate Department and Program: _____

Yes No I have previously completed a course on counseling theory or psychotherapy. I have also had training either through these courses or another course in basic counseling skills such as "making empathic statements, reflective listening, asking open ended questions, and client confrontation"

I have previous practicum experience: Yes No

If "Yes" please answer the following:

Name and location of most recent practicum experience: _____

Number of hours per week: _____ Number of direct client contact hours: _____

- Experiences (check all that apply):
- Individual counseling
 - Group Counseling
 - Intake/Triage
 - Outreach
 - Couples Counseling
 - Assessment
 - Crisis Counseling

Name and location of second most recent practicum experience: _____

Number of hours per week: _____ Number of direct client contact hours: _____

- Experiences (check all that apply):
- Individual counseling
 - Group Counseling
 - Intake/Triage
 - Outreach
 - Couples Counseling
 - Assessment
 - Crisis Counseling



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Please include the following information along with this application:

- 1) Letter of readiness from your department's director or director of training.
- 2) Cover letter submitted to Dr. Brian Sneed, Practicum Training Coordinator that includes the following:
 - a. Interest in the program
 - b. Goals and expectations as a trainee
 - c. Therapeutic strengths and perceived areas of growth
 - d. Clinical areas of interest
 - e. (Optional) Any personal or additional information which you believe may be helpful
- 3) Graduate transcript (a copy is acceptable)
- 4) Comprehensive vitae
 - a. If you have already had a practicum experience, include the following in your vitae:
 - i. Practicum setting, total hours, client contact hours, supervisor, start and end dates.
 - b. If this will be your first experience, include the following in your vitae:
 - i. Relevant course work and experiences which have prepared your for practicum.
- 5) Letter of recommendation by your previous practicum supervisor. If this is your first practicum experience, submit a letter from a supervisor that can discuss your interpersonal skills or any skills related to your counseling abilities. Have them identify your strengths and areas of growth.
- 6) A Second letter of recommendation.

To the best of my knowledge, the information in this application and all submitted materials are accurate and truthful. If I am accepted to the University of Texas at El Paso, University Counseling Center's Advanced Practicum Training Program, I agree to purchase malpractice insurance and present proof of said insurance prior to each semester of my training.

Applicant signature

Date

This application form and all other application materials must be received by the UCC prior to the previously mentioned application deadlines. Please send all materials to:

Brian Sneed, Ph.D.
Advanced Practicum Training Coordinator
University Counseling Center, UTEP
202 Union West
500 West University Ave
El Paso, TX 79968

Please contact Dr. Sneed at (915) 747-5302 or bjsneed@utep.edu with any questions pertaining to the practicum program or the application process