

Center for Student Health and Well-Being

Box 7188

Davidson, NC 28035-7188

704-894-2451; Fax 704-894-2615

**APPLICATION FOR PRACTICUM TRAINING**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduate Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester you are applying for: \_\_\_\_\_ Fall ­­­­\_\_\_\_\_ Spring ­\_\_\_\_\_\_ Both**

1. Please list any clinical or counseling coursework that you have completed or is in progress:
2. Please list any previous clinical or counseling experiences (including teletherapy):
3. Rate your skills in the following areas on a scale of 1 (poor) to 5 (excellent). In areas where you have no experience, indicate N/A.
   1. Intake:
   2. Individual Counseling:
   3. Group Counseling:
   4. Teletherapy:
   5. Writing:
4. What are your short-term and long-term career goals? How does a practicum experience at Davidson College CSHWB align with those goals?
5. Please list your availability for the semester for which you are applying during business hours (8:30am-5:00pm):

M:

T:

W:

R:

F:

**Return completed application and CV to Jessica Groleau, Ph.D.: jegroleau@davidson.edu**