

**CAPS Practicum Training Program Application Form**

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| Last Name |  | First Name |  | Preferred Name |  |
|  |  |  |  |  |  |
| Pronouns |  | E-mail |  |  |  |
|  |  |  | | | |
| Cell Phone |  | Local Address |  |  |  |

Current Doctoral Program**/**Class ranking [**1st year, 2nd year, etc.**]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you taken a class related to diagnostic training with DSM-5: **YES** or **NO** [**Please circle and provide relevant information**]

Have you taken a class or received training related to multicultural counseling: **YES**  or **NO** [**Please circle and provide relevant information**]

Have you ever been a client in OSU-CAPS: **YES** or **NO** [**please circle**]\*

\*If you are applying to become a Practicum Counselor and have been a client here at CAPS, please notify the Practicum Coordinator. You will not be asked to disclose any information about your treatment other than which CAPS clinicians you have seen. The purpose of this conversation is to help us mitigate any negative consequences from potential multiple relationships.

List up to three practicum sites and include the following: Name of the site, number of hours worked per week, dates when the practicum started and ended, number of clients seen, average number of sessions per client, and client population you worked with. [children **(ages 3 to 9)**, adolescents **(ages 10 to 17)** , young adults **(ages 18 to 24)** , adults **(ages 25 and up)**]

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| --- | --- | --- | --- | --- | --- |
| Practicum Site Name | # of hours per week | Start and End date | # of clients seen | Average # of sessions per client | Client population |
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Please note that selected applicants are required to attend a four day orientation training, which is tentatively scheduled to be held the third and/or fourth week on September. If selected for a practicum counselor position you are required to make appropriate arrangements to attend the entire orientation training for each scheduled day of training. **Your signature below will indicate that you agree to comply with these requirements:**

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Signature Date

**Revised 12/22/2021**