**University of Illinois at Urbana-Champaign Counseling Center**

**Beginning and Advanced Therapy Practicum Application 2017-2018**

Date:

Name:

Academic Institution and Degree Program:

Address:

Phone:

E-mail:

Academic History

Foundational clinical skills course title and date completed:

Grade received:

Counseling theories course(s) title and date completed:

Grade received:

Please briefly answer the following questions (please attach additional pages as needed):

1. What feedback have you been given in your counseling skills class and/or previous

practica about your strengths and weaknesses as an emerging clinician? You may wish to also comment on your strengths and areas for growth regarding case conceptualization, theoretical orientation, diversity issues, diagnosis and/or treatment planning.

2. What are you hoping to receive from clinical supervision?

3. What do you hope to gain from a practicum experience at the University of Illinois Counseling Center? How might this experience help you reach your educational goals or career aspirations?

4. Please refer to the summary of activities and responsibilities listed on our website which Counseling Center practicum trainees are expected to fulfill. Considering your other commitments such as classes, assistantships, employment, etc:

a. Do you anticipate that you will be able to commit to 16-20 hours a week during the hours of 8am to 5pm? Y or N

b. Do you anticipate that you will be able to commit to the required on-site time for group supervision and special topics seminar on Tuesdays 9am to 12pm? Y or N

5. Have you ever had any disciplinary action taken against you for being in violation of

ethical/legal standards of practice by a graduate or internship training program, practicum

site, or employer? Y or N If yes, please explain.

6. What questions do you have about the University of Illinois Counseling Center or practicum training at the Center?

Please return with your **cover letter, copy of current C.V., and contact information for 2 professional references** (at least one of whom is familiar with your clinical skills) by **5pm,** **February 10, 2017** via mail or emailto:

Carina Bauer, Psy.D.

Practicum Training Chair

Counseling Center

University of Illinois at Urbana-Champaign

206 Student Services Building

610 East John Street

Champaign, IL 61820

phone: (217) 333-3704

TTY: (217) 244-9146

FAX: (217) 244-9645

cdbauer1@illinois.edu