



Please be in communication with the Director of Clinical Training when approaching new sites.

STUDENT INFORMATION			
Student Name:		Phone:	
Program:	Ph.D. <input type="checkbox"/> Psy.D. <input type="checkbox"/>	Date:	
Proposal is for:	Practicum <input type="checkbox"/> Internship: CA Department of Mental Health Waiver <input type="checkbox"/> Internship: CA Psych Assistantship <input type="checkbox"/> Internship: Non-accredited, outside California* <input type="checkbox"/> Internship: CA Exempt Setting <input type="checkbox"/> <i>*Attach description of how this internship will meet the licensure requirements in your state.</i>		

SITE INFORMATION			
Name of Proposed Site:		Site Address:	
Website			
Site Contact:	Name:	Phone:	
	Title:	Email:	
Primary Supervisor (if known):	Name:	Phone:	
	License Number:	Highest Degree:	
Does the site have an existing training program with a history of training students?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Does the site have psychologist supervision?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Type of setting	Community mental health center <input type="checkbox"/> College/university counseling center <input type="checkbox"/> Private Practice <input type="checkbox"/> Other (describe): <input type="checkbox"/>	General Hospital <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Training Institute <input type="checkbox"/>	
Have you contacted the site? If yes, please describe any correspondence with them here.			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> Check if site is pre-existing employment. Attach written description of how this training will differ from everyday work duties			

Student Signature

Date

Proposal: Approved <input type="checkbox"/> Denied <input type="checkbox"/>
_____ Director of Clinical Training Date

Students:
Return completed form to
clinicaltraining@pacifica.edu