UNIVERSITY
COUNSELING CENTER
at Florida State University

University Counseling Center
942 Learning Way, Suite 250
Tallahassee, Fl 32306
Phone: 850-645-8255 (TALK)
Fax: 850-644-3150

Doctoral Practicum Training Program Application Form

****Please Type or Print the following information:****

Last Name First Middle

Preferred Name

Local Address City State Zip

Home/Cell Phone E-mail

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

Highest Degree Earned/Year Earned: _____

Name of Academic Institution in which Highest Degree Earned: _____

Anticipated Graduation Date: _____

Please, list up to four practicum sites and include the requested information for each site below:

Practicum site name AND client population [ie. children (ages 3 to 9) , adolescents (ages 10 to 17) , young adults (ages 18 to 24) , adults (ages 25 and up)]	Number of hours worked per week	Start and End date	Average number of clients seen per week	Average number of sessions per client	Type of counseling services provided

Please note that applicants who are offered and accept a practicum placement are required to attend a week long orientation the week before the start of the Fall semester. Your signature below will indicate that you understand and agree to comply with this requirement.

Signature Date