

THOMAS E. COOK COUNSELING CENTER PRACTICUM I AND II APPLICATION

**All applicants must have a counseling or psychology master's degree or be in their 2nd year of their graduate clinical psychology, counselor education or social work program.*

Date: _____

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

University: _____

Department: _____

Departmental Contact (Name and phone / email): _____

1. Desired experience (check one):

- Psychology / Counseling Practicum I: Group Therapy Practicum – minimum 5 hours per week
- Social Work Practicum I: Foundation Practicum – 2 days per week

- Psychology / Counseling Practicum II: minimum 10-15 hours per week
- Social Work Practicum II – Concentration – 3 days per week

*** All practicum experiences are for a minimum of one academic year.***

2. What kind of counseling center experiences would be of particular interest and benefit to you?

3. List clinical /counseling / social work coursework completed or in progress (or attach transcript).

4. List any previous clinical/ counseling experiences (paid, volunteer, or practicum) and supervisor(s). Please list phone numbers and e-mail address of supervisor(s).

5. Rate your skills in the following areas as

1) excellent 2) good 3) fair 4) poor 5) no experience

Assessment _____

Individual Counseling _____

Crisis Intervention _____

Group Counseling _____

Additional Information to Attach:

1. Current vita
2. Personal statement – include professional goals
3. Practicum Readiness Form - must be completed by a previous clinical supervisor and returned in a sealed envelope to the applicant or sent directly to the Counseling Center

Please mail all application materials to:

Dr. Cathye Griffin Betzel, Assistant Director for Training
Thomas E. Cook Counseling Center at Virginia Tech
895 Washington, St., SW
240 McComas Hall
Blacksburg, VA 24061-0108

**THOMAS E. COOK COUNSELING CENTER
PRACTICUM READINESS FORM**

Date: _____

Name of Applicant: _____

Name of Previous Clinical Supervisor: _____

Phone Number: _____

E-mail Address: _____

Please use the following scale to rate the above applicant on the clinical areas listed below:

1) excellent 2) good 3) fair 4) poor 5) no experience

1. *Ethical Behavior* _____

Comments:

2. *Individual Counseling* _____

Comments:

3. *Group Counseling* _____

Comments:

4. *Crisis Intervention* _____

Comments:

5. *Assessment* _____

Comments:

Overall/Additional Comments: