



**VENTURA COUNTY COMMUNITY BASED SERVICES
PRACTICUM TRAINING APPLICATION
2019-20 TRAINING YEAR**

*IMPORTANT: Please review the Practicum Requirements on page 5 before filling out this application. Application instructions are also on page 5. *Adobe Acrobat® Reader is required to complete this application. If you do not have Acrobat Reader you can download and install it for free at this link: <https://get.adobe.com/reader/>.*

NAME _____ DATE _____

Primary Email _____ Secondary Email _____

Home Address _____
STREET CITY STATE ZIP

Work Address _____
AGENCY OR COMPANY NAME

STREET CITY STATE ZIP

Social Security Number _____ Driver's License (DL) Number _____ DL State _____

Phone Information:

Home _____ Work _____ Cell _____ Preferred phone _____

Best contact phone number for notifications _____

NOTE: For the following questions, please attach additional pages if needed, referencing the question number

PROFESSIONAL CONDUCT

1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution? YES NO
2. Have you ever reneged on a practicum or internship agreement? YES NO
3. Have you ever been convicted of an offense against the law other than a minor traffic violation? YES NO
4. Have you ever been convicted of a felony? YES NO

If yes, please provide date of conviction _____

CERTIFICATIONS/ PUBLICATIONS/ PRESENTATIONS

5. Do you currently have a license or certification in any discipline? YES NO

If yes, please provide type and date obtained _____

6. Do you currently have any professional publications? YES NO

7. Have you made any professional presentations at regional, state, national or international meetings? YES NO

PREVIOUS COLLEGE ATTENDED

8. Name of Institution _____

Address _____

Type _____ Major _____ Minor _____

Degree _____ Degree Date _____ GPA _____

CURRENT GRADUATE PROGRAM

9. Name of Graduate School _____

Name of Graduate Program _____

Degree Seeking Ph.D. Psy.D. M.S.W.

Anticipated Degree date _____ GPA (current) _____

10. Is your Graduate Program accredited by WASC? YES NO

11. Have you obtained a Master's Degree? YES NO

Master's Degree Date Conferred* _____ Master's Degree Date Anticipated _____

****Submit a copy of your transcript that shows the date conferred along with your completed application***

12. Dissertation/Research title or topic/Capstone Project _____

13. Answer only if you are in a Doctoral Program:

Does your Graduate Program follow SCAPTP (Southern California Association of Psychology Training) guidelines? YES NO

Doctoral Program Accreditation Status _____

GRADUATE PROGRAM INFORMATION

14. Program length in years ____

What year of program will you be in when this practicum begins? ____

15. Have you completed your academic coursework? YES NO

16. Have you completed your dissertation, thesis,
final program project? YES NO

SUMMARY OF CLINICAL EXPERIENCE/TRAINING

17. Intervention Hours ____ Assessment Hours ____ Supervision Hours ____

PREVIOUS CLINICAL TRAINING SITES

NAME OF SITE	DATES (MM/YY TO MM/YY)	NUMBER OF HOURS PER WEEK	NUMBER OF DAYS PER WEEK
18.			
19.			
20.			
21.			

ANTICIPATED PRACTICUM EXPERIENCE

22. Does your graduate program allow for a 20-hour practicum week? YES NO

23. What is the maximum number of weekly practicum hours required
by your graduate program? ____

24. Wednesday is a mandatory practicum day. Will your academic
schedule allow for this? YES NO

25. What other two weekdays are you available for practicum? ____ and ____

26. What are your required school attendance days and times? ____

27. Do you fluently speak a language other than English? YES NO

If yes, please list each ____

**PLEASE PROVIDE THE CONTACT INFORMATION
OF YOUR ACADEMIC DIRECTOR OF CLINICAL TRAINING**

28. Name ____ Phone ____

School Mailing Address ____

City ____ State ____ Zip ____

Email Address ____

APPLICANT ACKNOWLEDGEMENT

*Please provide your initials
below to acknowledge:*

29. I acknowledge that all the information submitted on this application and in support of this application is true and correct. _____

30. I acknowledge that I am aware that I will not be able to have direct contact with clients until I receive notification from Casa Pacifica that I have successfully passed all background checks and have obtained all clearances required by Casa Pacifica and the licensing agencies that oversee Casa Pacifica. _____

31. I acknowledge that I am aware that I am required to have a valid driver's license both now and during my entire practicum at Casa Pacifica. Any change regarding the status of my driver's license may result in the termination of my practicum at Casa Pacifica. _____

32. I acknowledge that I am aware that this practicum will require driving across Ventura County, which at times may require that I use my own vehicle (mileage will be reimbursed). _____

33. I have read and agree to the Practicum Requirements on page 5 of this application. _____



CASA PACIFICA

CENTERS FOR CHILDREN & FAMILIES

Providing Hope & Help



CASA PACIFICA
CENTERS FOR CHILDREN & FAMILIES
Providing Hope & Help

PRACTICUM REQUIREMENTS:

- Current Enrollment in Either a Social Work (MSW) or Psychology (Psy.D. or Ph.D.) Graduate Program
- Class Schedule Allowing for a 3-day Per Week, 20-hour Practicum
 - Social Work Students: *This Practicum training year begins in early September of 2019 and ends in early May of 2020*
 - Doctoral Students: *This Practicum training year begins in early September of 2019 and ends in late June of 2020*
- Valid Driver's License
- TB Test and Drug Screening
- LIVESCAN / DMV Check
- CPR/First Aid Certification
- Interview(s) CV/ Resume

ADDITIONAL REQUIREMENTS FOR DOCTORAL STUDENTS:

Completed Coursework in the following (or current class schedule):

- a) Law & Ethics b) Psychodiagnostic Assessment c) Psychopathology

APPLICATION INSTRUCTIONS

Please return completed application with a cover letter, a copy of your CV/resume, transcript showing date of Master's degree conferment (if applicable), and *two letters of recommendation. Application documents can either be sent by U.S. Postal mail or by email.

BY EMAIL:

To save this application as a PDF document on your computer, click on the Print icon, then change the printer to "Adobe PDF." Then attach that PDF to your email along with your other attachments and send to:

venturacbspracticum@casapacifica.org

**Please note that all letters of recommendation can be sent by email separately by adding the applicant's name in the subject line of the email.*

BY MAIL:

Lynne Gibbons, Administrative Manager
Practicum Training Program
Casa Pacifica, Centers for Children & Families
975 Flynn Road
Camarillo, CA 93012