



# CASA PACIFICA

CENTERS FOR CHILDREN & FAMILIES

*Providing Hope & Help*

## COMMUNITY BASED SERVICES PRACTICUM TRAINING APPLICATION 2021-22 TRAINING YEAR

**IMPORTANT:** Please review the Practicum Requirements and Instructions on page 3 before filling out this application. Answer all questions and do not leave blanks, rather answer with N/A for all items that do not apply.

**\*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/>

### CONTACT INFORMATION

Name \_\_\_\_\_

Date \_\_\_\_\_

Primary Email \_\_\_\_\_

Secondary Email \_\_\_\_\_

Home Address \_\_\_\_\_

STREET

CITY

STATE

ZIP

Work Address \_\_\_\_\_

AGENCY OR COMPANY NAME

STREET

CITY

STATE

ZIP

Phone:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Best contact number for notifications \_\_\_\_\_

Please provide the last four digits of your Social Security Number \_\_\_\_\_

Driver's License (DL) Number \_\_\_\_\_ DL State \_\_\_\_\_

**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 |

Date(s) and Topic(s) \_\_\_\_\_

### 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 unofficial 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 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 / WEEK	NUMBER OF DAYS / 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?                      \_\_\_\_ hours / week

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 below. \_\_\_\_\_

**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 2021 and ends in early May of 2022*
  - Doctoral Students: *This Practicum training year begins in early September of 2021 and ends in late June of 2022*
- Valid Driver's License / DMV Check
- Health Clearance, TB Test and Drug Screening
- LiveScan
- Current CPR/First Aid Certification
- CV/ Resume
- Unofficial Transcript
- Interview(s)

**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. Applications that are incomplete will be returned to the applicant for further completion.

Application documents can either be sent by U.S. Postal mail or by email.

*\*Letters of recommendation can be sent by email separately by adding the applicant's name in the subject line of the 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](mailto:venturacbspracticum@casapacifica.org)

**BY MAIL:**

Lynne Gibbons, Administrative Manager  
Practicum Training Program  
Casa Pacifica, Centers for Children & Families  
751 East Daily Drive, Suite 320  
Camarillo, CA 93010

