



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

BY MAIL:

Kimberly Bennett, Ph.D., Clinical Psychologist, PSY 16324
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Practicum Training Program
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