



Department of Psychiatry and Behavioral Neurosciences  
 Psychology Practicum Training Program  
 Application 2010-2011

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Current year in School: \_\_\_\_\_

Degree Type: \_\_\_\_\_ Specialization (if any): \_\_\_\_\_

List languages you speak fluently enough to conduct professional psychological activities:

\_\_\_\_\_

Select track you are interested in applying for:

- Adult Outpatient
- Psychological/Neuropsychological Testing

1. Please list the number of individuals and the number of face- to-face hours you have had (will have) with clients prior to the start of the upcoming training year.

Activity	Total # of individuals seen	Total # of face to face hours
Individual psychotherapy		
Group therapy		
Intakes		
Psychological Assessments		
Neuropsychological Assessments		

2. Please list the number of clients you have treated using the following modalities:

\_\_\_\_\_ Cognitive/Behavioral                      \_\_\_\_\_ Integrative/Eclectic  
 \_\_\_\_\_ Psychodynamic                              \_\_\_\_\_ Other \_\_\_\_\_

3. Please list the types of patient populations you have worked with previously

---

---

---

4. Briefly describe a difficult treatment experience. How was it difficult for you? On reflection, what did you learn about yourself? How has the experience influenced your clinical work since? Do not exceed 500 words. Please TYPE and attach document.

5. If you are applying for the Psychological/Neuropsychological Testing track you must submit a copy of a prior testing report that you have written.

All students **must** have one prior clinical practicum experience. Non-school related clinical work experience may be accepted if it was for a period of no less than 20 hours a week for 12 consecutive months and involved direct services to a clinical population.

*Please consider all information provided as confidential within the application process. It will not be shared with anyone who is not directly involved in selecting candidates for the practicum placement.*

Send all materials together in **one envelope.**

- Training Application
- Current CV
- Two letters of recommendation  
(At least one from a prior clinical training supervisor)

**The application deadline is Friday, February 25, 2011.**

Send to:

Jennice Vilhauer, PhD  
Clinical Director Adult Outpatient Programs  
Director of Psychology Training  
Department of Psychiatry and Behavioral Neurosciences  
Cedars-Sinai Medical Center  
8730 Alden Drive, W-101  
Los Angeles, CA 90048