PRACTICUM APPLICATION

Department for Counseling, Tutoring & Testing
Counseling Department
The University of Memphis
Wilder Tower 211 & 214
678-2068

IMPORTANT INSTRUCTIONS—PLEASE NOTE:

The Department for Counseling, Tutoring & Testing (CTT) offers practicum opportunities in career and psychological counseling and assessment for graduate students in counseling, counseling psychology, and clinical psychology.

Deadlines for receipt of applications are March 1st for the fall semester (interviews will be held after application is received), and October 1st for the spring semester (interviews will be held after application is received). Deadlines may be extended if positions are not filled. Applications are reviewed as they are received and applicants will be required to interview. ALL application materials must be received prior to scheduling an interview with the panel of CC senior staff members. Following the interview process, the Practicum Coordinator will notify applicants of the panel’s decision regarding practicum placements as soon as possible.

Practicum students may apply for one semester or one full academic year placement. Preference will be given to applicants desiring a 2-semester placement at the CC (fall and spring semesters) and space is limited to a maximum of 6 students per semester. Practicum opportunities during summer semesters will be very limited and restricted to students who have previously completed a practicum rotation, preferably in the preceding spring semester. Practicum placement assignments for all semesters will be determined by the CC committee consisting of the Practicum Coordinator, the Training Director, the Associate Director, and Director.

All practicum applicants are required to submit to the Practicum Coordinator:
1) Completed Practicum Application reviewed and signed by your faculty advisor;
2) Curriculum vitae;
3) Unofficial copies of all graduate transcripts, and
4) Two (2) Practicum Readiness Forms completed by two faculty members

*If you are a Master’s student, please consult with the Counseling, Educational Psychology, & Research Department’s Practicum/Internship Coordinator before submitting your application packet.

Brief Description of the CC Practicum Experience:
Practicum students at the CC will have the opportunity to provide career counseling and individual and couple psychotherapy to a diverse undergraduate and graduate student population. Students may also have limited opportunity to provide walk-in crisis and family therapy. Outreach opportunities are available and strongly encouraged. Professional development opportunities are available, but are not required. Practicum students who have received training
in assessments – administering, scoring and interpreting intelligence and achievement tests may also apply to conduct formal Learning Disability and Attention-Deficit/Hyperactivity Disorder evaluations as a part of their direct contact hours.

The most frequent presenting concerns for clients seen at the CC are interpersonal issues followed by depression and anxiety. Clients also present with abuse, assault and trauma-related concerns, eating disorders, grief and loss issues, substance abuse issues, academic problems, and a variety of other concerns. In terms of severity, presenting issues range from adjustment-related or situational/developmental concerns to characterological and, in some cases, quite severe and debilitating problems.

Supervision of practicum students includes 1.5 hours of weekly individual supervision by psychology interns who are supervised by licensed psychologists, as well as 2 hours of weekly case conference (group supervision) facilitated by two licensed psychologists. Senior staff licensed psychologists review and sign all practicum students’ case notes, view recordings of practicum students’ sessions in case conference, and often view or listen to practicum students’ recordings during individual supervision meetings with their intern supervisees.

A full-time practicum placement at the CC requires a minimum of 150 hours on-site (60-75 hours of direct client contact). If a student’s academic program on-site hour requirements are different from the on-site requirements listed above, the student may negotiate a contract with the CC to meet requirements of their academic program. Specifically, Counseling Psychology students are required by the department to complete 200 hours, 75 of which are to be direct client contact hours. Master’s level counseling students completing full or part-time internships are required to complete 300 or 600 hours per semester with 120 or 240 direct client contact hours, respectively.

To insure that practicum students reach their minimum hourly requirements, it is recommended that students schedule 10-12 clinical hours (hours that will be available to see clients, participate in outreaches, etc.) per week. In addition, 3.5 hours will need to be reserved for individual and group supervision at CC and 2 hours for departmental supervision (practicum class). The goal is to schedule a total of approximately 17 hours per week for client contact and supervision. The highest traffic times in the CC are from 9am to 3pm. During the fall and spring semesters, the CC is open from 8am to 7pm on Monday – Thursday and 8 to 4:30 on Friday.

Please feel free to contact Dr. Kim Collins, Practicum Coordinator, or Dr. Rich Scott, Training Director by email at kwcollns@memphis.edu or rscott4@memphis.edu, or by phone at 678-2068 if you have any questions about practicum opportunities or application procedures.
Name: _____________________________________________________  Date:_____________
(Please Print Clearly)

Address: _____________________________________________________________________
Street  Apt. #   City  State   Zip

Phone Numbers with Area Codes: H:_____________ W: _____________ C:____________

Email address: ________________________________________________________________
(Please Print Clearly)

To indicate your interest in participating in a year-long or single semester practicum, please mark all of the slots below that apply. I am applying for a practicum placement for:

Fall_____ 20_____;  Spring_____ 20_____;  Summer_____ 20_____  

**Undergraduate Degree(s) earned:**

Institution ________________________        Date Completed _______________________
Degree  ________________________        Cumulative GPA _______________________
Major  ________________________        Minor  ________________________

**Graduate Degree(s) earned:**

Institution ________________________        Date Completed _______________________
Degree  ________________________        Cumulative GPA _______________________
Major  ________________________        Subspecialty ________________________

**Current Graduate Program:**

Institution ________________________        Program Start Date _______________________
Degree sought ________________________        Cumulative GPA _______________________
Major  ________________________        Subspecialty ________________________
Faculty Advisor __________________________________________________________
Faculty Practicum Coordinator ______________________________________________
CC Practicum Application

Please describe your previous related work/volunteer experience: ______________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you have completed other practica, please indicate type of experience and site: ______
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What interests you in applying for a practicum at the Counseling Department?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

In which areas of practice do you feel most confident and which areas would you like to
strengthen? __________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What are your long-term career goals? ____________________________________________
______________________________________________________________________________
______________________________________________________________________________

Who will be your practicum supervisor in your department? Please provide her/his
contact information including address and phone number: ___________________________
______________________________________________________________________________

Please list the schedule of courses you will be taking during the first semester of practicum
for which you are applying (please include days and times): __________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you intend to be employed on campus (assistantship, job, or work study) or off campus
(job or internship) during the practicum? If yes, please list type of employment and the
number of hours you plan to work. ________________________________________________
Please feel free to provide any additional information that might be relevant to your application.  
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I am submitting Vitae, unofficial copies of all graduate transcripts, and two Practicum Readiness forms with this application.

______________________________________________________________________________

Applicant’s Signature  Date

______________________________________________________________________________

Faculty Advisor’s Signature  Date