



## Doctoral Practicum Application

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City / State / Zip Code: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact in Case of Emergency: \_\_\_\_\_  
NAME RELATIONSHIP

If currently employed please list name of employer: \_\_\_\_\_

Work hours and days: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### SCHOOL AND PROGRAM INFORMATION

School Name: \_\_\_\_\_ Type of Program: ☐ Ph.D. ☐ Psy.D.

Year in program: ☐ 1<sup>st</sup> year ☐ 2<sup>nd</sup> year ☐ 3<sup>rd</sup> year ☐ Other \_\_\_\_\_

Contact person at school: \_\_\_\_\_  
NAME TITLE PHONE NUMBER

Previous practicum completed? ☐ No ☐ Yes: # of hours completed \_\_\_\_\_ Type of site and population: \_\_\_\_\_

Desired start date for practicum: ☐ Fall Semester \_\_\_\_\_ (year) ☐ Spring Semester \_\_\_\_\_ (year)

List days and times you are available for a practicum: \_\_\_\_\_  
Number of hours/week: \_\_\_\_\_

### PREFERENCES, INTERESTS, AND EXPERIENCE

#### Populations of Interest:

☐ children and families ☐ adults ☐ older adults ☐ transition age youth (18-25 years old)  
☐ adolescents in juvenile justice system ☐ forensic population (adults) ☐ alcohol and drug treatment

#### Preferred Location(s) or area(s):

☐ Ventura ☐ Oxnard ☐ Thousand Oaks ☐ Simi Valley ☐ Santa Paula

Bilingual? ☐ No ☐ Yes If yes, language(s) spoken: \_\_\_\_\_

What are your learning objectives? What activities would you like to be involved in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any previous experience in mental health treatment and/or treatment of drug and alcohol addiction.  
List any unique skills or experiences that would enhance or contribute to your clinical abilities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Highlight any previous experiences with culturally diverse populations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION

Do you have any restrictions or limitations that we should be aware of? ☐ No ☐ Yes  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any other important additional information that was not mentioned previously:  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES (please provide 2 letters of recommendation)

Name: \_\_\_\_\_ Agency, if applicable: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Agency, if applicable: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## HEALTH AND BACKGROUND SCREENING

- All employees, volunteers, and students are required to be screened annually for tuberculosis. You have an option of having a tuberculin skin test through the department's employee health services, at no cost to you, or you can choose to have the test done by your personal physician.
- All employees, volunteers, and students are required to complete a background clearance. This is conducted through our department, at no cost to you. Any offer of a practicum is contingent upon completion of the background clearance.

**The above information is accurate and correct to the best of my knowledge**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please return the completed application with a cover letter, a copy of your resume, and two letters of recommendation:  
Carla Cross, LMFT, ATR-BC, Internship and Training Manager  
1911 Williams Drive, Suite 200, Oxnard, CA 93036  
Phone: (805) 981-4221 | Fax: (805) 981-6838 | Email: [Carla.cross@ventura.org](mailto:Carla.cross@ventura.org)