

**APPLICATION FOR PRACTICUM TRAINING**

\_\_\_\_\_ First Year Practicum

\_\_\_\_\_ Third Year Practicum

\_\_\_\_\_ Second Year Practicum

\_\_\_\_\_ MFT Intern

Today's Date \_\_\_\_\_

Application Due Date: Friday, Feb. 22, 2012

Program Start Date: Monday, August 20, 2012

Program End Date: Friday, August 16, 2013

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

What school do you attend? \_\_\_\_\_ What year are you in? \_\_\_\_\_

Telephone Home (    ) \_\_\_\_\_ Office (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Undergraduate & Graduate Degrees (Dates & Granting Institutions)

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\_\_\_\_\_

What are your goals for your next training year?

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\_\_\_\_\_

\_\_\_\_\_

What is your primary theoretical orientation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other theoretical orientations are you familiar with?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you taken a course in Professional Ethics? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

If no, when do you plan to take it? \_\_\_\_\_

Have you ever, under your name or another name, been convicted of a felony of (or plead guilty or nolo contendere to) any crime whose conviction has not been judicially ordered sealed, expunged, or statutorily eradicated, including but not limited to those involving abuse of a child, adult, or elder/senior? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

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Have you ever been released or terminated from employment, or suspended from a job, as a result of any conduct which might disqualify you as an applicant for a California psychological license? If yes, please explain.

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Have you ever engaged in unprofessional conduct (described in section 4982 of the California Business and Professions Code), which if done by a licensed psychologist would be grounds for suspension or revocation of said license? If yes, please explain.

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**I HEREBY AUTHOROIZE CHABAD TREATMENT CENTER TO CONTACT MY REFERENCES AND EDUCATIONAL INSTITUTIONS REGARDING MY SUITABILITY FOR A PRACTICUM OR INTERNSHIP PLACEMENT. IN ADDITION, I HEREBY RELEASE ANY AND ALL CLAIMS, DEMAND OR LIABILITIES OUT OF ANY RELATED INVESTIGATION AND/OR DISCLOSURE(S) REGARDING THE ABOVE MENTIONED PRACTICUM POSITION OR INTERNSHIP FOR WHICH I AM APPLYING.**

**FALSIFICATION OF INFORMATION ON THIS APPLICATION WILL BE CONSIDERED GROUNDS FOR IMMEDIATE TERMINATION OR DISMISSAL.**

I hereby verify that all the information stated above is true and correct, executed by me on the date issued below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to:

Ann J. Elkin, Ph.D., Director of Clinical Training  
Chabad Treatment Center  
5675 W. Olympic Blvd.  
Los Angeles, CA 90036