

UNT

A green light to greatness.™

Counseling & Testing Services
DIVISION OF STUDENT AFFAIRS

Training Program Application

Date:

Name:

Rotation/s of Interest (If Applicable):

Paid or Unpaid Practicum:

Email:

Graduate Program:

Year in Program:

University/College:

Anticipated Graduation:

Have you ever been a client at the UNT Counseling and Testing Services? Yes

No Dates:

With Whom:

Have you ever been charged or convicted of a crime? Yes No

If yes, please explain (dates, situation, resolution):

Have you ever been sanctioned for a behavioral or conduct related issue at the university level? Yes No

If yes, please explain (dates, situation, resolution):

List up to four practicum sites and include the following: Name of site, number of hours worked, dates when the practicum started and ended, problems or issues encountered, population you worked with, number of clients seen, and number of sessions.

Site name	# of hours Per week	Start & end date	# of clients seen	Avg. # of sessions per client	Client population	Issues encountered

Please email completed application packets to Dr. Arlene Rivero (arlene.rivero@unt.edu).

Application Checklist:

- 1) Training Program Application Form
- 2) Cover letter describing your fit with our training model and program, reasons for applying, and your goals for the training year
 - a) If applying for a rotation/s, please include in the cover letter or as an additional attachment a detailed description of past/current experience working with the topic or population.
- 3) Readiness for Training Program Form, to be completed by your training director, advisor, or professor who has supervised your clinical work
- 4) Proof of clinical liability insurance