

**Florida International University
Counseling and Psychological Services
Practicum Application Form**

Thank you for your interest in the FIU CAPS practicum. To apply for practicum please compile the following documents:

1. A hard copy of your completed application
2. A cover letter expressing your interest in the practicum
3. A current curriculum vitae
4. A letter of support from your graduate program's training director
5. A copy of your transcript from your current graduate program

Please send your completed application package to:

Florida International University
Counseling and Psychological Services Center
11200 S.W. 8th Street
UHSC 270
Miami, Florida 33199
Attention: Alia Fons-Scheyd, Ph.D.
Coordinator of Practicum Program

Dr. Fons-Scheyd must receive your application package **by 5pm on March 11, 2011**. If you have any questions, please contact Dr. Fons-Scheyd at (305) 348-2434. **Please do not e-mail the application package.** You must print it out and send a hard copy.

FIU CAPS
Practicum Application Form

Personal Information:

Name:

Home Address:

Home Phone:

Work Address

Work Phone:

E-Mail:

Country of Citizenship:

If not a U.S. Citizen, please indicate immigration status:

Does your Visa allow you to work in the U.S.? Y N

Educational History:

Name of current educational institution:

Type of graduate program: Clinical Counseling Other:
 Educational Neuropsychology

What degree are you pursuing: Master's Ph.D. Psy.D. Ed.D.

What is the name of your program's training director?

Have you participated in a school-sanctioned practicum training experience? Y N

Please list all practicum experiences:

Name of site	Name of Supervisor	Number of hours
--------------	--------------------	-----------------

Please list all previous undergraduate and graduate educational experiences:

Name of institution	Area of Study	Type of Degree	Degree Earned? Date?
---------------------	---------------	----------------	----------------------

Do you hold any license(s) in the mental health field?

If yes, please list type of license and state:

Professional Conduct:

Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?

Yes No

If 'Yes', please elaborate :

Are there any complaints currently pending against you before any of the above bodies?

Yes No

If 'Yes', please elaborate :

Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?

Yes No

If 'Yes', please elaborate :

Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate training program, practicum site, or employer?

Yes No

If 'Yes', please elaborate :

Have you ever been convicted of an offense against the law other than a minor traffic violation?

Yes No

If 'Yes', please elaborate :

Have you ever been convicted of a felony?

Yes No

If 'Yes', please elaborate :

Academic Standing:

Are you in good standing with your academic institution?

Yes No

If no, please explain:

Are you currently on academic probation?

Yes No

If yes, please explain:

Are any complaints currently standing against you as a student, or were any filed in the past and found to be legitimate?

Yes No

If yes, please explain:

Have you ever participated in any other practicum/internship?

Yes No

Have you successfully completed a practicum/internship?

Yes No