**Externship Site**

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| *Name**Address***Site**: \_\_\_ Outpatient \_x\_\_ Inpatient \_\_\_ Community Mental Health \_x\_\_ Hospital \_\_\_ Government \_\_\_ School Placement \_\_\_ University Counseling Center \_\_\_ Private Practice |

**Population**

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| \_x\_\_ Adult \_\_\_ Child \_\_\_ Both**Special Population:** *If special population, please use this space to specify. Delete if not applicable.* |

**Clinical Experiences**

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| **Extern Opportunities:** \_\_\_ Individual Therapy \_\_\_ Group Therapy \_\_\_ Couples Therapy \_\_x\_ Assessment \_\_\_ Research**Assessment:** *Neuropsychological evaluation to include many different types of tests measuring learning, memory, attention, language, visuospatial functioning, processing speed, executive functioning, adaptive functioning and motor functioning. Emotional functioning is also addressed.* |

**Supervision**

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| **Primary Supervisor/Training Director Name:****Primary Supervisor/Training Director Qualifications:** **Supervision:** \_1\_\_ Individual (**Frequency**: *week*ly  \_\_1\_ Group (**Frequency**: *weekly5*  |

**Application**

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| **See attached brochure** |