**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** |