

## Externship Site

Name

Address

- Site:  Outpatient  
 Inpatient
- Community Mental Health  
 Hospital  
 Government  
 School Placement  
 University Counseling Center  
 Private Practice

## Population

- Adult  
 Child  
 Both

**Special Population:** *If special population, please use this space to specify. Delete if not applicable.*

## Clinical Experiences

- Extern Opportunities:**
- Individual Therapy  
 Group Therapy  
 Couples Therapy  
 Assessment  
 Research

**Therapy Model:** *Please use this space to describe site's primary theoretical orientation and intervention modalities. Delete if not applicable.*

**Assessment:** *Please use this space to describe the types and names of assessments used. Delete if not applicable.*

## Supervision

Primary Supervisor/Training Director Name: *Kristen Zygalas, PsyD - Supervisor*  
*Leila Ford, PhD, Externship Training Coordinator*

**Primary Supervisor/Training Director Qualifications:**

**Supervision:**  Individual (**Frequency:** *Please list.*)  
 Group (**Frequency:** *Please list.*)

**Application**

**Deadline:** *Type here*

**Application Requirements:**  CV  
 Cover Letter  
 Letters of Recommendation  
 Phone Interview  
 In-Person Interview  
 Other (Please specify:)