Clinical Graduate Application Process:

Note. This application is for URI graduate students in Clinical Psychology, Marriage and Family Therapy, School Psychology, and Psychiatric Nursing. Students from William James College may also use this application for the practicum or internship positions. Other Non-URI graduate students seeking practicum placements should first consult with the Director of Training, Cory Clark, Ph.D. to determine eligibility for placement before completing this form.

A. Submit the following application form, a resume, and a cover letter that addresses your reasons for applying to this position, including your goals for the year's experience. Highlight particularly relevant employment or training where you were involved in a counseling or therapeutic capacity, especially as it might relate to working at the URI Counseling Center.

B. Write a brief response to the essay item included in this application.

C. Include a copy of your graduate transcript(s) (it need not be "official").

D. Ask two referees to complete the attached Reference Form. One referee should be your academic advisor/major professor unless this person is not familiar with your clinical work. Both referees should be familiar with your work experience in a helping role. Submit all application material in one large envelope. Reference forms should be in sealed envelopes.

Application deadline: 4:00 PM, January 06, 2020

Applications will be reviewed in the order they are received; review will continue until positions are filled.

All requested materials should be sent to:
Cory J. Clark, Ph.D.
Counseling Center, 217 Roosevelt Hall
University of Rhode Island
Kingston, RI 02881
Clinical Graduate Application

Name: ____________________________________________
Address: __________________________________________

Telephone #: (home)______________ (work)______________ (cell) ____________
E-mail: ____________________________________________
Telephone # during spring recess: _______________________
Graduate department: _____________________________________

This application is for:
___ URI Graduate Assistantship (paid)
___ Social work internship (usually 20 hours)
___ Practicum training (10-12 hours)
___ Other: __________________________________________

Have you successfully completed your program’s comprehensive / qualifying examination? (Put an “X” next to only one choice).
___ Yes - Date of completion: __________
___ No
___ Not applicable

Anticipated yr. of pre-doctoral internship (This Question For Clinical/School Psychology Students Only): 20____ - 20____

If you are accepted for this URI counseling Center traineeship/internship: Who will serve as the contact person between your academic department and the URI Counseling Center?
Name: ____________________________________________
Work Address: _________________________________________

Telephone #: ______________ Email: _______________________

Referees
1. Name (preferably major advisor): ______________________ phone # ____________
2. Name: _________________________________ phone # __________________
Applicant Name: _________________________________

Clinical Experience

This section is to allow applicants to document their experience in counseling and other psychological interventions. While this form lists a wide range of experiences that one might have had, no applicant is expected to have experience in all, or even most, of these areas. **Hours should not be counted in more than one category.**

**Individual Therapy**

<table>
<thead>
<tr>
<th></th>
<th>Total hours face-to-face</th>
<th># of different individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Older Adults (65+)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Adults (26-64)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Young adults (17-25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Adolescents (13-16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Children (under 13)</td>
<td></td>
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</tbody>
</table>

**Motivational Interviewing**

<table>
<thead>
<tr>
<th></th>
<th>Total hours face-to-face</th>
<th># of different individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Adults (17 and over)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Group Counseling/Therapy**

<table>
<thead>
<tr>
<th></th>
<th>Total hours face-to-face</th>
<th># of different groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Adults (17 and over)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Children and adolescents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Couples or Family Therapy**

<table>
<thead>
<tr>
<th></th>
<th>Total hours face-to-face</th>
<th># of different couples/families</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Couple’s Therapy</td>
<td></td>
<td></td>
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<tr>
<td>2) Family Therapy</td>
<td></td>
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</tbody>
</table>

**Career Counseling or Academic Advising**

<table>
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<th></th>
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<th># of different individuals</th>
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<td></td>
</tr>
<tr>
<td>2) Children and adolescents</td>
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<td></td>
</tr>
</tbody>
</table>

**Psychological and Neuropsychological Assessment Experience:** This is the estimated total number of face to face client contact hours administering tests and providing feedback to clients. This does not include time spent scoring and/or report writing.

*Total hours face-to-face: ________*

**Languages:** In which languages other than English (including American Sign Language), are you **FLUENT** enough to conduct therapy?

____________________________________________________________________________
____________________________________________________________________________
Applicant Name: ____________________________

**Essay Item**

Sometimes an intervention works in an unintended way, or the client's response does not match our question but we none the less follow the new direction. Please write briefly (2 typed paragraphs, at the bottom of this page) about an experience you have had delivering counseling or therapy, in which you learned something new. Specifically, describe how you were able to use the experience in one of the following contexts:

1. The context of a broader theory
2. The context of the client's diagnosis
3. To change the course of treatment
4. To facilitate your own self-awareness
5. To impact future therapeutic interventions

*Take care not to reveal any information that might identify your client.*
Applicant Name: ________________________________

PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “YES” or “NO”:

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

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

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

4. Have you ever been suspended, terminated, or asked to resign by a training program, practicum site, or professionally related employer? _______

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

6. Have you ever been convicted of a felony? _______

If you answered “Yes” to any of the above questions, please attach an explanation on a separate sheet of paper.

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. If I am accepted and become a trainee, I expressly agree to comply with all appropriate professional ethical principles and codes of conduct. I also agree to comply with all applicable state and federal laws, and the rules of the Counseling Center and the University of Rhode Island.

__________________________________  __________________
Applicant’s Signature:  Date
University of Rhode Island Counseling Center
Clinical Graduate Reference Form

Student’s Name  

Referee’s Name  Referee’s phone #:  

How long have you known this student?  

In what capacity do you know of this student’s clinical abilities?  

What clinical populations has this student served?  

In which clinical modalities has this student been trained?  

Please briefly describe the extent of this student’s clinical abilities in assessment, diagnosis, and treatment.  

What skills, assets and abilities have you seen in this student’s clinical work that you would hope to encourage?  

What do you see as likely areas for growth and continuing supervision for this student?  

Using the following scale: (1= strongly disagree, 5= strongly agree), indicate your level of agreement with each of the following statements about this applicant:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>This applicant possesses the emotional stability and maturity to handle the challenges of clinical work in a busy university counseling center.</td>
<td>&lt;&gt; &lt;&gt; &lt;&gt; &lt;&gt; &lt;&gt;</td>
</tr>
<tr>
<td>This applicant possesses the theoretical/academic foundation necessary for effective counseling / clinical work.</td>
<td>&lt;&gt; &lt;&gt; &lt;&gt; &lt;&gt; &lt;&gt;</td>
</tr>
<tr>
<td>This applicant practices in accordance with appropriate ethical guidelines.</td>
<td>&lt;&gt; &lt;&gt; &lt;&gt; &lt;&gt; &lt;&gt;</td>
</tr>
<tr>
<td>This applicant demonstrates the capacity to participate in supervision constructively and can modify his or her behavior in response to feedback.</td>
<td>&lt;&gt; &lt;&gt; &lt;&gt; &lt;&gt; &lt;&gt;</td>
</tr>
</tbody>
</table>

Additional comments regarding any of the above responses can be written on the back of this page.

Signature: ___________________________ Date: _____________ 

Please complete and sign this form, place it in a sealed envelope, and return it to your student. All materials will be submitted together in one large envelope by 4:00 PM, January 06, 2020.
University of Rhode Island Counseling Center
Clinical Graduate Reference Form

Student’s Name ________________________________

Referee’s Name ________________________________ Referee’s phone #: __________________

How long have you known this student? ________________________________

In what capacity do you know of this student’s clinical abilities? ________________

What clinical populations has this student served? ________________________________

What clinical modalities has this student been trained? ________________________________

Please briefly describe the extent of this student’s clinical abilities in assessment, diagnosis, and treatment. ________________________________

What skills, assets and abilities have you seen in this student’s clinical work that you would hope to encourage? ________________________________

What do you see as likely areas for growth and continuing supervision for this student? ________________________________

Using the following scale: (1 = strongly disagree, 5 = strongly agree), indicate your level of agreement with each of the following statements about this applicant:

This applicant possesses the emotional stability and maturity to handle the challenges of clinical work in a busy university counseling center. ________________________________

This applicant possesses the theoretical/academic foundation necessary for effective counseling / clinical work. ________________________________

This applicant practices in accordance with appropriate ethical guidelines. ________________________________

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