

**University of Rhode Island
Counseling Center
217 Roosevelt Hall
Kingston, Rhode Island 02881
TEL: 401-874-2288
FAX: 401-874-5010**

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 Assistant Director, Michael Starkey, 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. Include a copy of your graduate transcript(s) (unofficial transcripts are acceptable).
- C. Ask two or three referees to send their references to michaelstarkey@uri.edu or send a signed (digital or by hand) copy with your application. One referee should be your academic advisor/major professor unless this person is not familiar with your clinical work. All referees should be familiar with your work experience in a helping role.

Application deadline: January 9, 2026

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

All requested materials should be sent to:

Michael Starkey, Ph.D. at
michaelstarkey@uri.edu
or
Counseling Center, 217 Roosevelt Hall
University of Rhode Island
Kingston, RI 02881

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Clinical Graduate Application

Name: _____

Address: _____

Telephone #: (home) _____ **(work)** _____ **(cell)** _____

E-mail: _____

Graduate department: _____

This application is for:

- ☐ URI Graduate Assistantship (paid)
- ☐ Doctoral Level Advanced Practicum (usually 20-25 hours)
- ☐ Social Work/ internship (usually 20 hours)
- ☐ Mental Health Counselor 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

	Total hours face-to-face	# of different individuals
1) Older Adults (65+)	_____	_____
2) Adults (26-64)	_____	_____
3) Young adults (17-25)	_____	_____
3) Adolescents (13-16)	_____	_____
4) Children (under 13)	_____	_____

Motivational Interviewing

	Total hours face-to-face	# of different individuals
1) Adults (17 and over)	_____	_____

Group Counseling/ Therapy

	Total hours face-to-face	# of different groups
1) Adults (17 and over)	_____	_____
2) Children and adolescents	_____	_____

Couples or Family Therapy

	Total hours face-to-face	# of different couples/ families
1) Couple's Therapy	_____	_____
2) Family Therapy	_____	_____

Career Counseling or Academic Advising

	Total hours face-to-face	# of different individuals
1) Adults (17 and over)	_____	_____
2) Children and adolescents	_____	_____

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

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