

# Oregon State University

## CAPS Practicum Training Program Application Form

Last Name	First Name	Preferred Name
Pronouns	E-mail	
Cell Phone	Local Address	

Current Doctoral Program/Class ranking [**1<sup>st</sup> year, 2<sup>nd</sup> year, etc.**]: \_\_\_\_\_

Have you taken a class related to diagnostic training with DSM-5:   **YES**    **NO** [Please check one and provide relevant information]

Have you taken a class or received training related to multicultural counseling:   **YES**    **NO** [Please check one and provide relevant information]

Have you ever been a client in OSU-CAPS\*:   **YES**    **NO**

*\*If you are applying to become a Practicum Counselor and have been a client here at CAPS, please notify the Practicum Coordinator. You will not be asked to disclose any information about your treatment other than which CAPS clinicians you have seen. The purpose of this conversation is to help us mitigate any negative consequences from potential multiple relationships.*

**List up to three practicum sites and include the following:** Name of the site, number of hours worked per week, dates when the practicum started and ended, number of clients seen, average number of sessions per client, and client population you worked with. [children (**ages 3 to 9**), adolescents (**ages 10 to 17**), young adults (**ages 18 to 24**), adults (**ages 25 and up**)]

Practicum Site Name	# of hours per week	Start and End date	# of clients seen	Average # of sessions per client	Client population

Please note that selected applicants are required to attend a structured 40-hour orientation spread across three partial workweeks before the fall quarter begins, which usually starts in the first or second week of September. If selected for a practicum counselor position, you must make appropriate arrangements to attend the entire orientation for each scheduled day of training.

**Your signature below will indicate that you agree to comply with these requirements:**

Signature	Date
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