Psychology Practicum: Spring 2022
Application Form

Application Deadline: November 15, 2021 at 5:00 pm

Please complete the entire application. An incomplete application may result in rejection from a practicum placement.

Name: __________________________________ Age: __________
Year in College: __________________________ Major: __________
Email Address: ___________________________ Minor: __________
Phone Number: ___________________________ Anticipated Work Schedule ____________

Preferred Practicum Site - Please rank the following sites in order of your interest in them (1 = highest). Be advised that, due to a variety of factors, you may not be offered a placement at your first choice site.

Practicum Sites and Supervisors:
WSU Counseling Center: Wildcat Support Network supervised by Teri Kay
Disability Services supervised by Melinda Russell-Stamp and Maria Parrilla de Kokal
St. Joseph’s School Counseling supervised by Melinda Russell-Stamp
Tree House Museum supervised by Cade Mansfield

Background Information:
Please list the psychology courses you have taken or are currently taking.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list other courses which you feel would be relevant to the practicum experience you are seeking.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

List experiences outside of school that you feel would be relevant to the practicum experience you are seeking.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please describe your ability to work independently:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Please describe your ability to work with others:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please describe your ability to receive and use feedback:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**Work History:** List your most recent jobs and the dates of employment.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**Personal Questions:** Since you may have contact with children, we are required by law to ask these questions.

Please initial that you understand that we will check your transcripts. ________ Please provide your student ID# or Social Security Number. ______________
Have you ever been convicted of a crime? ____________
If yes, please explain. ________________________________

***If you are accepted for a practicum placement that involves working with children, you will need to complete a criminal background check, which may cost you approximately $25. You will need to show proof of having completed a background check prior to starting your practicum. Please check with your faculty supervisor before starting the background check.***

**Personal Statement**

On this page, please tell us why you are interested in the practicum placement you are seeking. What personality and/or experience strengths and weaknesses do you bring to this experience? How might your experience at the practicum placement fit into your plans for the future?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
COMPLETED APPLICATIONS MUST BE EMAILED to DR. Russell-Stamp (melindarussellstamp@weber.edu) NO LATER THAN November 15, 2021 @ 5:00 pm.
Dear Applicant:

Thank you for your interest in our practicum program. As you consider applying for a practicum site, the members of the Practicum Committee want to ensure that you are aware of the following issues.

Professional and ethical conduct is mandatory. It is vital that you remember that you will be in some sort of helping role with potentially vulnerable individuals. These individuals could be harmed if you fail to abide by professional and ethical standards. These standards will be discussed in more detail as the practicum experience begins, but you are encouraged to ask questions about these issues at any time.

It is also important that you remember that if you accept a practicum placement, you are making a commitment to the population you serve, the agency staff, Weber State University, and yourself. Practicum students cannot be easily replaced, and failure to complete the practicum is likely to result in a low grade, as well as a compromised reputation in the Psychology Department and the agency where you agreed to serve.

Finally, reliability is vital to your success as a practicum student. You and your supervisors will agree on a schedule, and you need to make every effort to adhere to the schedule. If an emergency makes attendance impossible, it is your responsibility to inform your on-site and faculty supervisor.

_________________________________
Student Signature and Date