

PENDELDOT PSYCHOLOGY EXTERNSHIP APPLICATION COVERSHEET

Applicant Information:

Last: _____ First: _____ M.I. _____

Street Address _____ Apartment/Unit # _____

City: _____ State: _____ ZIP Code: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Training Interest (list the externship program or programs you are interested in):

Graduate Program Information:

University: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____

Degree Program: _____

Director of Clinical Training (DCT - or relevant faculty member who oversees clinical placements):

DCT's email: _____

DCT's Phone: () _____

Current Year in Program: _____

Expected Graduation Date: _____

Practicum Match Agreement

I _____ commit to not accepting any practicum offer,
(insert name of practicum student)
either inside or outside of the match, prior to Match Day (March 8, 2021).

It is the policy of _____ that our trainees do not accept a
(insert name of training program)
practicum offer prior to Match Day.

I agree to abide by this policy.

Signature of Practicum Student

Signature of Director of Clinical Training