

PENDELDOT Psychology Externship Application Coversheet

Applicant Information

Last Name: _____ First Name: _____ Initial: _____

Street Address: _____ Apartment / Unit #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

School E-mail Address: _____

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

Graduate Program Information:

University: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

Degree Program: _____

Director of Clinical Training (or relevant faculty member overseeing placements):

DCT/Faculty Name: _____

DCT's Email: _____

DCT's Phone:(____) _____

Current Year in Program: _____

Expected Graduation Date: _____

Practicum Match Agreement

I the undersigned commit to not accepting any practicum offer either inside or outside of the match, prior to Match Day (March 6, 2023).

Further, it is the policy of the below listed program and signing DCT that our trainees do not accept a practicum offer prior to Match Day.

I agree to abide by this policy.

Name of Practicum Student

Signature of Practicum Student

Name of Graduate Program

Name of DCT

Signature of DCT