

University Counseling Services, UMBC

Externship Application

Submit as an **entire packet**:

- this application form
- **official** graduate transcript
- curriculum vita
- two letters of recommendation from those who know your clinical work
- Director of Clinical Training Consent Form completed by your DCT

Mail or deliver applications to:

Dr. Kathy Glyshaw
 UCS
 118 Student Success and Development Center
 1000 Hilltop Circle
 UMBC
 Baltimore, MD21250

Transcript, letters and consent form should be signed across seal.

Deadline: **Received** by February 28th (Please allow 1 week for mailing). You are encouraged to get your application in as soon as possible.

Name:	
Address:	
City/State:	
Home phone:	
Cell phone:	
Work phone:	
Email address:	
University:	
Program:	
Current Year in Program:	

Prior Clinical Psychotherapy Experience

In completing table below, please list only those practicum experiences for which you have received supervision.

Clinical Site	Start/End Date	Supervisor(s)	# of clients age 16 and over	# of face to face clinical hours	# of clients under age 16	# of face to face clinical hours

Please answer the following questions in a **sentence or two**:

Please list any other relevant clinical experiences (i.e., assessment experience, hot-line work, peer counseling, counseling work for which you did not receive clinical supervision)

Please indicate your theoretical orientation and interests.

Do you have any specific area(s) of clinical interest which you would like to develop this coming year?

What specifically about our program at UCS interests you?

THANK YOU for your interest in our program!

