



AN HONORS UNIVERSITY IN MARYLAND

**University Counseling Services**  
University of Maryland, Baltimore County  
Student Development and Success Center  
1000 Hilltop Circle  
Baltimore, MD 21250

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WEB: [www.umbc.edu/counseling/](http://www.umbc.edu/counseling/)

## Application for Practicum 2012 - 2013

### Practicum Applicant Contact Information:

Last Name:	First Name:	Middle Initial:
Home Address:	City/State:	Zip Code:
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )
Email Address:		

### Current Graduate Program:

University Name:	Type: Clinical/Counseling/Ph.D./Psy.D.	Current Year in Program:
Address:	City/State:	Zip Code:
Phone: ( )	Website:	
Name of Director of Clinical Training:	Email for DCT:	Phone for DCT:

Please answer questions on the following page.

Name of Practicum Applicant: \_\_\_\_\_

What specifically interests you about our program at UCS?

Please list/describe any relevant clinical experience (e.g., hot-line work; peer counseling)

Please describe your areas of clinical interest

What specific areas of clinical interest would you like to develop this coming year?

Submit as an entire packet:

- Application for Practicum Form
- Copy of your most recent graduate transcript
- Curriculum Vitae
- Two Letters of Recommendation (Signed across the seal)
- Director of Clinical Training Consent Form (Signed across the seal)

Applications will be accepted in January and February and will be reviewed on a rolling basis.

**Deadline: Received by February 15, 2012**

Mail/deliver application packet to: Patricia L. Wick, Ph.D., Training Director  
University Counseling Services  
University of Maryland, Baltimore County  
1000 Hilltop Circle, SDSC 118  
Baltimore, MD 21250