



AN HONORS UNIVERSITY IN MARYLAND

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

PHONE: 410-455-2472
FAX: 410-455-2399
VOICE/TTY: 410-455-3233
WEB: www.umbc.edu/counseling/

Director of Clinical Training Consent Form

Applicant's Name: _____

Instructions to the Applicant: Please give this form to your Director of Clinical Training to be completed and returned to you in a signed sealed envelope to be mailed in with your practicum application materials.

Instructions to the Director of Clinical Training: The above-mentioned student is applying for a practicum position at UCS for the upcoming academic year. We are excited that the student is considering our program. We ask your cooperation in completing the following questionnaire. Additionally, we direct you to our website at www.umbc.edu/counseling/training to familiarize yourself with our program and the expectations of practicum students. We ask that you pay particular attention to the following requirements:

- Students will be required to be on site for their practicum 16-20 hours per week for a full academic year.
Students must be on site Wednesdays from 8:30am - 1:00pm for meetings and programs.
Students will need to sign an affiliation agreement and show evidence of malpractice coverage.

UCS will accept applications in January and February, and interviews will be scheduled on a rolling basis once we receive the application. The application deadline is February 15th. We will make offers to students during the first week of March. We do not follow the uniform acceptance day guidelines for the DC area universities. If you have any questions or concerns about the practicum or your students' participation in our program, please contact Patricia L. Wick, Ph.D., Training Director (drwick@umbc.edu).

Please return this form to the student in a signed sealed envelope to mail with other application materials.

Director of Clinical Training: _____

Program: _____

Address: _____

Phone: _____

Email: _____

Please answer the following questions and briefly elaborate on any concerns in the space below.

- 1. Is this student in good standing? YES NO
2. Is this student ready to apply for a practicum? YES NO
3. Is this student currently on probation? YES NO

- | | | |
|---|-----|----|
| 4. Are any complaints currently pending against this student or were any filed in the past and found to be legitimate? | YES | NO |
| 5. Has this student ever reneged on a prior offer of practicum training? | YES | NO |
| 6. Does the applicant possess the emotional stability and maturity to handle the challenges of graduate training to this point? | YES | NO |
| 7. Does the applicant demonstrate awareness of, and practice according to, the current ethical guidelines for psychologists? | YES | NO |
| 8. Does the applicant demonstrate the capacity to participate in supervision constructively and to modify his/her behavior in response to feedback? | YES | NO |

If you answered **Yes** to questions 3-5 **or No** to questions 1, 2, 6-8, please explain here:

Please read the following statement and sign.

I have reviewed the requirements for the Practicum program stated above and do not know of any host program requirements or circumstances that would prevent the applicant from being able to complete these requirements. I understand that an affiliation agreement between the University of Maryland, Baltimore County and the practicum student is required. An affiliation agreement will be sent to the applicant upon acceptance to the practicum program.

Signature of Director of Clinical Training: _____ Date: _____

Letters of Recommendation and Director of Training Consent Form should be signed across seal.

Deadline: Received by February 15th (Please allow 1 week for mailing).