

**Practicum in Applied Psychology
Site Application**

Site Name: _____

Site Address: _____

On-Site Supervisor: _____

Licensed? Yes No

On-Site Supervisor's Contact Information:

Email: _____

Phone: _____

Fax: _____

Off-Site (UNO) Supervisor (if applicable): _____

Licensed? Yes No

Off-Site Supervisor's Contact Information:

Email: _____

Phone: _____

Fax: _____

For office use only

Date approved: _____ (*Note: Approval is valid for 3 years) Approved by: _____

Date expired: _____ Extension granted? Yes No Extension expires: _____

Course (circle one): PSYC 6191 (Dev) PSYC 6891 (Bio) Either

Semester requirement (circle one): One Two or more No preference

Description of Site: Provide a detailed description of the facility. Be sure to address each of the points listed below.

a) Type of facility.

b) Professional background and training of staff.

c) What kind of work is completed at this facility?

d) What kind of learning or development opportunities are available at this site?

e) Are there licensed professionals at this site?

Yes No

f) Does this site offer the opportunity for at least 5 hours of direct client contact (e.g., interviewing, observation, assessment, treatment, etc) per week?

Yes No