



# VCBH Clinical Training

## Doctoral Practicum Application

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact in Case of Emergency: \_\_\_\_\_  
NAME and PHONE NUMBER RELATIONSHIP

If currently employed, please list name of employer: \_\_\_\_\_

Work hours and days: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### SCHOOL AND PROGRAM INFORMATION

School Name/ Name of Program: \_\_\_\_\_ Type of Program  Ph.D.  Psy.D.

Year in program:  1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year Expected Graduation Date: \_\_\_\_\_

Contact person at school: \_\_\_\_\_  
NAME TITLE PHONE NUMBER

Previous internship completed?  No  Yes: # of hours completed \_\_\_\_ Type of site and population: \_\_\_\_\_

Desired start date for internship:  Fall Semester \_\_\_\_ (year)

List days and times you are available for an internship:

Number of hours/week:

### PREFERENCES, INTERESTS, AND EXPERIENCE

**Populations of Interest:**

- children and families  adults  older adults  transitional aged youth (18-25 years old)  
 adolescents in juvenile justice system  forensic population (adults)  alcohol and drug treatment

**Preferred Location(s) or area(s):**

- Ventura  Oxnard  Thousand Oaks  Simi Valley  Santa Paula/Fillmore

**Bilingual?**  No  Yes If yes, language(s) spoken: \_\_\_\_\_

What are your learning objectives? What activities would you most like to be involved in?

Describe any previous experience in mental health treatment and/or treatment of drug and alcohol addiction. List any unique skills or experiences that would enhance or contribute to your clinical abilities.

Highlight any previous experiences with culturally diverse populations:

## ADDITIONAL INFORMATION

Do you have any restrictions or limitations that we should be aware of?  No  Yes

If yes, please explain:

Please describe any other important additional information that was not mentioned previously:

## REFERENCES:

Name: \_\_\_\_\_ Agency if applicable: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Agency if applicable: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## HEALTH AND BACKGROUND SCREENING

- All employees, volunteers, and students are required to be screened annually for tuberculosis. You have an option of having a tuberculin skin test through the department's employee health services, at no cost to you, or you can opt to have the test done by your personal physician. Vaccine clearance is also required.
- All employees, volunteers, and students are required to complete a background clearance. This is conducted through our department, at no cost to you. Any offer of an internship is contingent upon completion of the background clearance.

**The above information is accurate and correct to the best of my knowledge**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return the completed application with a cover letter and a copy of your resume to:  
Angela Riddle, LCSW; Training and Workforce Development Manager  
Email: [vcbh.internships@ventura.org](mailto:vcbh.internships@ventura.org)