

# Extern Application Face Sheet

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Email (non-school): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Last 4 of SS# (123-45-\*\*\*\*): \_\_\_\_\_

DOB: \_\_\_\_\_ Pronoun/s: \_\_\_\_\_

Bilingual: ☐ Yes ☐ No If yes: (Language) \_\_\_\_\_

Graduate University: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Which degree are you seeking? ☐ PhD ☐ PsyD

Year in graduate program by externship start date: \_\_\_\_\_

Name of Director of Clinical Training in Graduate Program: \_\_\_\_\_

Director Email: \_\_\_\_\_

Will you have a master's degree by the start of the externship? ☐ Yes ☐ No

How many hours per week are you hoping to be at CHCO for externship? \_\_\_\_\_

Which externship track/s are you applying for at CHCO (check all that apply)?

- ☐ Child Clinical, Anschutz Medical Campus
- ☐ Child Clinical, Colorado Springs Network of Care
- ☐ Child Clinical Anxiety and OCD Focus, Highlands Ranch Network of Care
- ☐ Cystic Fibrosis, Anschutz Medical Campus
- ☐ Developmental Pediatrics, North Campus Network of Care and Anschutz Medical Campus
- ☐ Developmental Pediatrics Bilingual Track, Anschutz Medical Campus and/or Networks of Care
- ☐ Developmental Pediatrics, Pediatric Behavior Clinic, Anschutz Medical Campus and/or Networks of Care
- ☐ Gastroenterology, Anschutz Medical Campus
- ☐ Integrated Behavioral Health, Colorado Springs
- ☐ Neuropsychology, Anschutz Medical Campus and/or Networks of Care
- ☐ Pediatric Rehabilitation Psychology, Anschutz Medical Campus
- ☐ Transplant & Urology, Anschutz Medical Campus
- ☐ Young Mother's Clinic, Anschutz Medical Campus

### Supplemental Form

How many total neuropsychological assessments have you completed for youth under age 18? \_\_\_\_\_

How many total psychological assessments have you completed for youth under age 18? \_\_\_\_\_

Please list the number of assessments you have independently administered:

Intelligence measures		Clinical evaluations	Research evaluations
	WISC-V		
	WISC-IV		
	WPPSI-IV		
	WAIS-IV		
	DAS-II		
	Other:		
Achievement measures			
	WIAT-4		
	WJ-IV		
	Other:		

Please complete the following table of how many total hours of direct therapy you have provided for youth in each of the following age ranges:

Individual Therapy	Total Hours Face to Face:	# of different individuals:
Adolescents (13-17)		
School-Age (6-12)		
Pre-School Age (3-5)		
Infants/Toddlers (0-2)		

In what settings have you previously seen youth for therapy? (i.e., community mental health, department clinic, hospital, school, residential/group home, outpatient clinic):

Have you co-led any groups for youth under age 18 or their parents? If so, which group(s) do you have experience with?

#### Professional Experience:

Previous practicum/externship experience:

Site:	Supervisor:	Dates:	Hours per week:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____