



Clinical Practicum Preference and Experience Form

Applicant Information:

Name:

University:

Preferred Email:

In order of preference, select your first, second, and third choice of clinic for your placement. *Be sure to check the website to determine whether the clinic is taking practicum learners this cycle:*

Anxiety Disorders

Borderline Personality Disorders Clinic

Clinical Neuropsychology

Early Intervention in Young Adult Mental Health (YWC)

Eating Disorders

Forensic Psychology

Health Psychology

Mood Disorders

Schizophrenia Services

Concurrent Disorders Program

WSIB Mental Health Specialty Clinic

Preferred time of Placement Experience:

Summer (4 days/week, May-August)

Academic Year (2 days/week, September-May)

List your previous practicum placements:

Name of Clinic	Population Served	Type of Intervention (e.g., CBT Therapy; Neuropsych Assessment)	Supervisor(s)

**add more placements as necessary using the space below.*

Describe any additional experiences or explain special circumstances regarding your application: