



APPLICATION FOR DOCTORAL STUDENT TRAINING

NAME:
ADDRESS:

CELL PHONE:
EMAIL:

GRAD SCHOOL NAME:

ACADEMIC DIRECTOR OF TRAINING:
PHONE DOT:

ACADEMIC DEGREE PURSUING:
(Place an "X" next to degree pursuing)

PHD
 PSYD

ACADEMIC YEAR IN TRAINING BY FALL SEMESTER:
(Place an "X" next to academic year by fall)

2ND
 3RD
 4TH
 5TH OR +

PREFERENCE FOR CLINICAL PLACEMENT:

OUTPATIENT PSYCHOTHERAPY (Advanced Therapy Practicum)
 PEDIATRIC HEALTH PSYCHOLOGY (Advanced Practicum)
 REHABILITATION HEALTH PSYCHOLOGY, ADULT (Advanced Practicum)

PLEASE COMPLETE THIS APPLICATION FORM AND ATTACH IT WITH YOUR COVER LETTER, CURRICULUM VITAE, NON-OFFICIAL SCHOOL TRANSCRIPT, AND TWO LETTERS OF RECOMMENDATION.

PLEASE EMAIL YOUR APPLICATION MATERIALS TO:

MARIE DUETSCH, LCSW
ASCENSION ALEXIAN BROTHERS BEHAVIORAL HEALTH
DIRECTOR OF STUDENT TRAINING
E-MAIL: marie.duetsch@ascension.org