

CCPPP Member Application Form—Internship

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| Program name: | |
| Address: | |
| Director of Training: | (name, credentials) |

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| Telephone Number: | FAX Number: |
| Email: | Website: |
| Accreditation Status: CPA: yes/no APA: yes/no | |
| Term/length of training: ____ months | Beginning date: month/day/year |
| Number of Positions: | Number of Supervisors: |
| Stipend: \$ | Application deadline: (date) |

Benefits: (e.g., __ paid statutory holidays; __ days of paid vacation; __ professional development days; sick leave; dental/extended health; EFAP; \$__ travel/ed. Funds)?

Minimum application requirements: (e.g., 600 hours practicum experience; enrollment in clinical, counseling, neuropsych program; completed comp exams and dissertation proposal)

Brief summary of training program: (rotations; organization; supervisors' orientations)