

**Department Sanctioned Non-practicum Clinical Experience Application Plan
Department of Counseling Psychology – University of Wisconsin-Madison**

Name: _____ Date: _____

Summarize doctoral practicum experience to date:

Practicum year	Site	Approximate I/A hours ^a
First-year Experience		
Foundational		
Advanced		
Externship		
Other (DSNPCE)		

^aApproximate number of intervention/assessment hours you will count on your internship application.

Name and address of proposed site:

Name of Supervisor, License number, and contact information (email and phone):

Timeframe and Hours per week of Experience:

Description of your main clinical training goals for this experience as they relate to your plans, clinical interests, and/or preparedness for internship:

Other Preliminary Examination Status

- Date of completion of clinical case study (semester/year): _____
- Date of completion of supervision case study (semester/year): _____
- If you have completed prelims under an older format, list month/year: _____

Outstanding Coursework

- List courses for which you have unresolved incompletes, with expected date of completion for each:

To be approved for a Department Sanctioned Non-practicum Clinical Experience, a student must be in good academic standing, making acceptable progress toward degree, and be enrolled in first-year experience, practicum, advanced practicum, or externship.

In which course will you be enrolled during this proposed clinical experience? _____

If there is additional information the Training Director should take into account in making this determination, please include that here.

Student signature: _____ Date: _____

Advisor signature: _____ Date: _____

Training Director signature: _____ Date: _____