



AN HONORS UNIVERSITY IN MARYLAND

Counseling Center
1000 Hilltop Circle
Student Development and Success Center
Baltimore, MD 21250
Phone: 410-455-2472
Fax: 410-455-2399
Voice/TTY: 410-455-3233
www.umbc.edu/counseling

Director of Clinical Training Consent Form

Name of Applicant: _____

Graduate Program: _____ Year: 1 2 3 4 5 6+

Instructions to the Applicant: Please give this form to your Director of Clinical Training to be completed and emailed to soonhee@umbc.edu OR returned to you in a signed, sealed envelope to be mailed with your application materials.

Instructions to the Director of Clinical Training: The above-mentioned student is applying for an externship position at the Counseling Center at UMBC for the upcoming academic year. We are excited that your student is considering our program. We ask your cooperation in completing the following questionnaire. Additionally, we direct you to our website at <http://counseling.umbc.edu/training> to familiarize yourself with our program and the expectations of externs. We ask that you pay particular attention to the following requirements:

- Students will be required to be on site for the externship 16-20 hours per week for a full academic year.
- Students must be on site Wednesdays from 8:30am - 1:00pm for meetings and programs.
- Students will need to show evidence of professional liability insurance.

The Counseling Center will accept applications in January and February, and interviews will be scheduled on a rolling basis once we receive the application. **The application deadline is February 17th.** We will make offers to students during the second week of March. We do not follow the uniform acceptance day guidelines for the Washington DC area universities.

If you have any questions or concerns about the externship or your student's participation in our program, please contact Soonhee Lee, Ph.D., Externship Coordinator (soonhee@umbc.edu).

Director of Clinical Training: _____

Program: _____

Address: _____

Phone: _____

Email: _____

Please answer the following questions and briefly elaborate on any concerns in the space below:

- | | | |
|---|-----|----|
| 1. Is this student in good standing? | YES | NO |
| 2. Is this student ready to apply for an externship? | YES | NO |
| 3. Is this student currently on probation? | YES | NO |
| 4. Are any complaints currently pending against this student or were any filed in the past and found to be legitimate? | YES | NO |
| 5. Has this student ever reneged on a prior offer of practicum or externship training? | YES | NO |
| 6. Does the applicant possess the emotional stability and maturity to handle the challenges of graduate training to this point? | YES | NO |
| 7. Does the applicant demonstrate awareness of, and practice according to, the current ethical guidelines for psychologists? | YES | NO |
| 8. Does the applicant demonstrate the capacity to participate in supervision constructively and to modify his/her behavior in response to feedback? | YES | NO |

If you answered **Yes** to questions 3-5 or **No** to questions 1, 2, 6-8, please explain here or use additional sheets if necessary:

Please read the following statement and sign.

I have reviewed the requirements for the Externship Program stated above and do not know of any host program requirements or circumstances that would prevent the applicant from being able to complete these requirements. I understand that all trainees need to have valid professional liability insurance during their training at UMBC.

Signature of Director of Clinical Training: _____ Date: _____

This form should be emailed directly to soonhee@umbc.edu or mailed after signature across the envelop seal to:

Soonhee Lee, Ph.D.
Externship Coordinator
Counseling Center
University of Maryland, Baltimore County (UMBC)
1000 Hilltop Circle
Baltimore, MD 21250

Deadline: Received by February 17th, 2017 (Please allow 1 week for mailing)