## **TWU CAPS Practicum Therapist Application**

Along with submitting a Cover Letter and CV, please also answer the questions below and submit via email to the CAPS Director, Dr. Kristina Rodriguez at krodriguez39@twu.edu.

Name:
Applying for Academic Year:
Graduate Program and Department:
Number of Years in Program:
Telephone Number:
Email:
1. Please indicate when you completed or plan to complete courses in the following areas if relevant to your training (A Course in ethics is the only requirement for placement at TWU CAPS).
Ethics: Course Name:
Semester and Year Completed:
Multicultural Counseling/Diversity: Course Name:
Semester and Year Completed:
Group Counseling: Course Name:
Semester and Year Completed:

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2. What is (or will be) your employment responsibility during practicum?

(Please briefly describe your dutie	es and schedule)
3. Applying to rotations and participating in additional opportunities is optional, and participation in rotation is subject to availability and acceptance. Rotation acceptance will be discussed during orientation and determined in August. Please select the rotations below that you are interested in for the Fall Semester. If you have questions regarding a rotation please refer to the description of the practicum program or email us at (krodriguez39@twu.edu).	
Outreach Opportunities	<ul> <li>Group Training Rotation (process group)</li> </ul>
<ul> <li>Group Training Rotation (psychoeducation group)</li> </ul>	Only interested in General Training
4. Do you have any dual role concern staff? If yes, please explain below Yes	ns between yourself and the TWU CAPS No