



## Clinical Placement Application

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Semester for which you are applying:  Fall 20\_\_\_\_  Spring 20\_\_\_\_

Position for which you are applying:  Pre-Practicum/Practicum (approx. 100 hours/semester)  
 Practicum/Internship (approx. 300 hours/semester)

1) **Please attach your resume.**

2) **Professional References:**

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Name	Title/Place of Employment	Phone number/email
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Name	Title/Place of Employment	Phone number/email
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Name	Title/Place of Employment	Phone number/email
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3) **What interests you about this position?** (Please answer on separate page.)

4) **What do you hope to bring to this position?** (Please answer on separate page.)

5) **Record check**

I give my permission to the UW Oshkosh Counseling Center to:

- 1) Perform a background check and/or review results of a recent background check.
- 2) Review my University discipline records and/or departmental feedback/concerns.

I understand that these records can be accessed at any time after the signed date and throughout the term of my possible clinical placement. I further understand that based on the nature of the work in this clinical placement, findings in either set of records might prevent me from obtaining or continuing in this clinical placement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_