**Psychology Practicum Application Form: 2018/2019**

Date: Click here to enter a date.

**Applicant Information**

Name: Click here to enter text.

Telephone number: Click here to enter text.

E-mail address where you can be reached on notification day: Click here to enter text.

University: Click here to enter text.

Program name and area of specialization (if any): Click here to enter text.

Is this your first practicum placement? Click on one box:  Yes  No

Name and e-mail address of your Director of Clinical Training: Click here to enter text.

**Practicum Placement Information**

Indicate the type(s) of practicum placement in which you are interested by clicking on the box(es):

Neuropsychological Assessment

Memory Intervention

Behavioural Management and Support

Timing requested:

Summer (approximately May 1 to August 31, 2018)

Fall/Winter (Approximately September 1, 2018 to April 30, 2019)

Full time OR  Part time

Number of practicum hours needed: Click here to enter text.

Please click on the appropriate box regarding practicum notification:

I will be using the GTA Practicum Notification procedure

My program has a different notification deadline: Click here to enter a date.

**Checklist**

Application materials should be sent to Dr. Angela Troyer (atroyer@baycrest.org) by February 1, 2018. Click on each box to confirm that you have included or requested the following:

Copy of this completed form

Letter of interest

Current CV

Graduate transcript

Two letters of reference, to be sent directly from referees to Dr. Troyer