

Clearinghouse Form

****Email form to Academic Training Directors****

AGENCY INFORMATION

Site Name:	
Contact Person:	
Contact Email:	

POSITIONS AVAILABLE (check all that apply)

Type of Position	Number of Available Positions
<input type="checkbox"/> Diagnostic/Assessment:	
<input type="checkbox"/> Therapy:	
<input type="checkbox"/> Advanced:	
<input type="checkbox"/> Masters (MA) Level:	

REQUIRED APPLICATION MATERIALS (check all that apply)

Check all that Apply		
<input type="checkbox"/> Cover Letter	<input type="checkbox"/> Vitae/Resume	<input type="checkbox"/> Letters of Recommendation #
<input type="checkbox"/> Transcripts:	<input type="checkbox"/> Writing Sample:	
<input type="checkbox"/> Official	<input type="checkbox"/> De-Identified Psychological Report	<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Unofficial	<input type="checkbox"/> Case Conceptualization	<input type="checkbox"/> Other:
<input type="checkbox"/> Letter of Eligibility:		
<input type="checkbox"/> Sent by Email		
<input type="checkbox"/> Sent by Postal Mail		

PREFERRED QUALIFICATIONS OF APPLICANT

Check all that Apply	
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Language Skills:
<input type="checkbox"/> Experience in Setting	<input type="checkbox"/> Experience with Children
<input type="checkbox"/> Other:	