

# 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"/> <b>Cover Letter</b>	<input type="checkbox"/> <b>Vitae/Resume</b>	<input type="checkbox"/> <b>Letters of Recommendation #</b>
<input type="checkbox"/> <b>Transcripts:</b>	<input type="checkbox"/> <b>Writing Sample:</b>	
<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"/> <b>Letter of Eligibility:</b>		
<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:	