

**Frederick W. Thompson Anxiety Disorders Centre
Practica Application Form**

General Information

Name:	Home Phone:
Address:	Work Phone:
City:	Cell Phone:
Province:	Preferred Phone:
Country:	Primary Email:

Academic Information

Name of University Currently Attending:
Department:
Program Name (e.g., Clinical Psychology):
Degree seeking (e.g., MA, Ph.D.):
Director of Clinical Training:
Years in program (e.g., Ph.D. 1):
GPA:
Supervisor/Advisor's Name:
Phone:
Email:
Research title/topic and brief description:

Name of Previous University/College:
Department:
Program Name (e.g., Clinical Psychology):
Degree seeking (e.g., MA, Ph.D.):
Director of Clinical Training:
Years in program (e.g., Ph.D. 1):
GPA:
Supervisor/Advisor's Name:
Phone:
Email:
Research title/topic and brief description:

Assessment Experience

Total Assessment Hours:

Description of Assessment Experiences:

Experience with structured clinical assessment instruments (e.g., SCID, MINI)

Individual Treatment Experience

Number of individual treatment cases: Total Hours:

Description of individual treatment experience:

Experience with empirically supported treatment approaches:

Group Treatment Experience

Number of treatment groups: Total Hours:

Description of group treatment experience:

Experience with empirically supported treatment approaches:

Additional Clinical Experiences

Describe: