

Site Name:

1. Please provide a description of your site:

2. Direct Service Experiences Available and what percentages of the Resident's time:

Types of Supervision Experiences offered:

Individual

Group Supervision

Case Conference

Rounds

# of positions:

Stipend:

Application due date:

Virtual interviews:

Estimated Offer date:

Fringe benefits:

Agency type: (i.e. Private Practice/Clinic):

Recognized Specialty:

Emphasis or Focus Area:

13. Other Emphasis:

14. Research time available and if yes, what percentage of time:

15. Duration of Residency in months:

16. Number of Licensed Supervisors:

17. Resident(s) for incoming class. Please provide name and start date:

18. Please inform of any significant changes at the site (i.e.: change in clinical supervisors, change in address, etc.) If there is a change in supervisors, please provide a current CV and license of the new staff: