

Grady Nia Project - Practicum Application (Graduate Student)

(NOTE: We accept students from qualifying programs based at the following schools only: Emory, GSU, UGA, Argosy, Mercer, Fielding, Clark, Brenau, Walden & Liberty - except online students)

APPLICANT INFORMATION

Date of application: _____

Name:

Referred by:

Contact info - Phone #s:

Email:

Highest credential achieved to date (eg. BA/BS, MA, MSW, etc.):

Major:

Year received:

PROGRAM INFORMATION

Current Institution Name:

Program Type/Name (eg. Clinical psych etc.)

Level: MA/MS MSW LPC PsyD PhD Other: _____

Year in current program (at start of semester applying for):

Current GPA:

Projected Date of Graduation:

General Program Advisor Name:

Advisor Email/Phone:

PRACTICUM INFORMATION

Anticipated Nia start date (month/year):

Anticipated # of semesters at Nia:

All practicum students are required to be supervised by a Nia Project Supervisor (at least 1 hr per week), but will a supervisor from your program also be supervising your practicum work (eg. therapy)?: NO YES If yes.....

Supervisor Name:

Supervisor Contact Info:

****Please note: If you will also be receiving additional supervision through your program we will respect any input, suggestions or ideas proposed by your outside supervisor and strongly request that you to discuss these with your Nia supervisors, but ultimately, because all Nia patients are under the care of The Grady Nia Project and all trainees operate under the licenses of Drs. Dunn/Kaslow, Nia guidelines, policies and procedures must be flowed and WE retain final administrative, clinical and decision making authority. ****

Regarding taping patient sessions, do you... (Circle all): **Need to :** YES NO **Would like to:** NO YES Audio or Video

Will you receive program credit for this practicum?: NO YES If yes...

Minimum number of ***direct service*** hours required: per week per month per semester (circle one)

Minimum number of ***indirect service*** hours required: per week per month per semester (circle one)

Will you be able to attend weekly Nia team meetings at Grady Hospital on Tuesdays 1:30pm to 2:30pm? NO YES

PRIOR CLINICAL EXPERIENCE

Prior individual therapy experience (required): NO YES (describe setting, type of therapy and pts. etc.):

Prior experience with high-risk population (suicidal/homicidal ideation, intent, attempts): NO YES (if yes, explain):

Please circle the following populations/factors/problems you have worked with: (note: lack of experience in these areas will not impact application)

- Circle: Caucasian Black/AA Young Adults (18-30) Adults (31-60) Older Adults (61+)
- Male Female Transgender LGBTQ Low SES Homeless Highly Religious
- Substance Abuse Domestic Violence Serious Mental Illness Psychosis Aggressive
- Borderline PD Antisocial PD Comorbid MH illnesses Comorbid Medical Problems Trauma/PTSD

Other relevant populations/factors/issues:

REFERENCES

Provide the contact information for at least 1 (but up to 3) clinical references who can provide information regarding your clinical skills including therapy and intervention work (eg. therapy supervisors, supervisors from prior practicum sites, etc.)

1. Name: _____ Contact Info: _____
Reference Type/Source: _____
2. Name: _____ Contact Info: _____
Reference Type/Source : _____
3. Name: _____ Contact Info: _____
Reference Type/Source : _____

COMMENTS/QUESTIONS:

*Direct Service includes patient contact such as any time spent interacting/working with patients (therapy, co-leading, assessments, recruitment, etc.).
Indirect Service includes non-patient contact (supervision, meetings, note writing, case mgt, research, fundraising etc.*