**The Guidance Center**

**500 Limit Street**

**Leavenworth, KS 66048**

**Application for Practicum Placement**

The Guidance Center wants to support those who wish to pursue advanced degrees in a clinical field. You will work with a primary clinical supervisor who supervise your practicum work. Additionally, you will work with a multidisciplinary team of mental health professionals, all of whom have something valuable to contribute to your experience.

The information requested below will assist us in determining how we can meet your practicum needs and wishes.

**Please type this application and complete each item fully and descriptively.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Street Address:** |  |
| **City, State, Zip:** |  |
| **Phone:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Educational Institution:** |  |
| **Year in School:** |  |
| **Practicum Director Name:** |  |
| **Practicum Director Phone:** |  |
| **Practicum Director Email:** |  |
| **Degree Program (Psychology, Social Work, MFT, Professional Counseling):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Estimated Date of Placement (Include start and end date)** | Start: | | End: |
| **Hours Required** | Direct Contact: | | Other: |
| **School Term for Placement** | Fall | Summer | Spring |

|  |  |  |  |
| --- | --- | --- | --- |
| **Areas of Focus:**  **(Check all that apply)** | Observation | Psychological Testing | Therapy |

**Career Goals:**

**Previous Career Related Experience (practica, internships, employment):**

Signature of Applicant Date

Please return to:

Dr. Lindsey Colburn-Malousek, LP, LCAC

Training Director

500 Limit St.

Leavenworth, KS 66048

[lmalousek@mytgc.org](mailto:lmalousek@mytgc.org)

913-682-5118