

PACIFICA GRADUATE INSTITUTE

M.A. TRAINEESHIP SITE DESCRIPTION FORM

Please type or print legibly.

MA-C MA-D MA-L

Date: _____

Traineeship Site _____

Address _____

City _____ Co. _____ State _____ Zip _____ Phone(____) _____

Contact person _____ Title _____

Type of site (hospital, mental health clinic, agency) _____

Type of clinical services (in-patient, out-patient, other) _____

Number of clients site serves per week _____ Number of paid staff _____ Number of volunteers/interns _____

SUPERVISION: What kind of clinical training does site provide _____

Type of supervision provided _____

By whom _____

Counseling orientation _____

CLIENTS: Average number of clients trainee might serve per week _____

Population served (children, adolescents, adults, geriatric, families) _____

TRAINEE: Trainee qualifications _____

Duties and responsibilities _____

Minimum time commitment per week required _____

Any fees required _____ Any compensation given _____

Please comment on unique features of traineeship, atmosphere, treatment of trainees, etc. _____

Your completion of this form will help Pacifica develop a nationwide directory of traineeship opportunities.

PLEASE RETURN ORIGINAL FORM TO: Counseling Psychology Traineeship Office
Pacifica Graduate Institute • 249 Lambert Road • Carpinteria • CA 93013