

Universal Site Information Form

Please Note: Training sites should complete this form annually and send to the academic programs from which they would like to receive applications. This form allows academic programs to maintain a database of training sites to which their students can apply. All academic programs listed at the end of this form have agreed to accept this ACEPT Universal Site Information form. Training sites may also send this form to academic programs not listed if they wish.

DATE COMPLETED:	
Has your site's information changed from the previously completed Universal Site Information Form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the areas changes were made:	
<input type="checkbox"/> Agency Information <input type="checkbox"/> Positions Available <input type="checkbox"/> Position Information <input type="checkbox"/> Populations <input type="checkbox"/> Activities <input type="checkbox"/> Supervision <input type="checkbox"/> Application & Offers <input type="checkbox"/> Attachments	

AGENCY INFORMATION

Site Name:			
Contact Name:	Title:	Department:	
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Website:			

Site Location (if different than above)

Address:			
City:	State:	Zip:	

Setting

Primary:			
Secondary:			
Other:			

Site Preferences

Is a car required to work at this site? Yes No

Is this site accessible by public transit? Yes No If "Yes," please indicate nearby routes/stations: _____

Language Skills? Yes No Specific language(s): _____

Other: _____

POSITIONS AVAILABLE

Total Number of Students Trained per Year (all types of training from all academic programs): _____

Positions (check all that apply and indicate the total number of positions for each type of training)

<input type="checkbox"/> Clinical MA (Counseling/Mental Health)	<input type="checkbox"/> Clinical MA (ABA)	<input type="checkbox"/> Forensic MA
# of positions:	# of positions:	# of positions:
<input type="checkbox"/> Clinical Forensic PsyD Diagnostic	<input type="checkbox"/> Clinical Forensic PsyD Therapy	<input type="checkbox"/> Clinical Forensic PsyD Advanced
# of positions:	# of positions:	# of positions:
<input type="checkbox"/> Clinical PsyD/PhD Assessment	<input type="checkbox"/> Clinical PsyD/PhD Therapy*	<input type="checkbox"/> Clinical PsyD/PhD Advanced
# of positions:	# of positions:	# of positions:
<input type="checkbox"/> School Psychology PsyD Advanced	<input type="checkbox"/> Doctorate in Counseling Sup. & Ed.	<input type="checkbox"/> Supplemental ("partial" training experience)
# of positions:	# of positions:	# of positions:

* PsyD Therapy students must have completed a prior graduate level therapy training experience (e.g., MA internship)? Yes No

POSITION INFORMATION (Students in these programs typically complete one training experience per academic year, lasting nine (9) to twelve (12) months during which students accumulate a minimum number of hours.)

Start Date: Flexible? Yes No End Date: Flexible? Yes No

Total Months: Total Hours Anticipated: Average Days/Week: Average Hours/Week:

Weekend Hours? Yes No Evening Hours? Yes No Required Training Days: M T W R F Sa Su

Comments:

This site would provide the following service modalities: In-Person Services Tele-therapy and remote services Both
 This site would provide the following training modalities: In-Person training Remote or virtual training Both

This site would provide particularly good training for Clinical PsyD students interested in the following concentrations:

Child/Adolescent Expressive & Creative Arts Forensic
 Health Multicultural Organizational
 Neuropsychology Older Adult Adult
 Trauma/Traumatic Stress Substance Abuse Treatment Other:

This site would provide particularly good training for Clinical students in the following intervention tracks:

Cognitive/Behavioral Humanistic/Existential Psychodynamic Systems

POPULATIONS (Indicate all that apply to the clientele serviced by the agency.)

Age:

Infant/Toddler (0-3) School Age (6-12) Adult (18-64)
 Preschool (3-5) Adolescent (13-17) Older Adult (65+)

Gender:

Female Male Non-binary Transgender Other:

Sexual Orientation:

Bisexual Gay Heterosexual Lesbian Other:

Ethnicity

African-American/Black/African Origin American Indian/Alaska Native/Aboriginal Canadian
 Asian-American/Asian Origin/Pacific Islander/South Asian Bi-Racial/Multi-Racial
 European Origin/White Latinx/Hispanic
 Middle Eastern/Arab/North African Other:

Disability

Blind/Visually Impaired Deaf/Hard of Hearing Developmental
 Learning/Cognitive Severe Mental Illness Physical/Orthopedic Disability
 Other:

Presenting Concerns

Adjustment Anxiety Attention-Deficit & Disruptive Behavior
 Communication Dementia Dissociative
 Eating Impulse-Control Learning
 Mental Impairment Mood Motor Skills
 Personality Pervasive Developmental Schizophrenia & Other Psychotic
 Sexual Sleep Substance-Related
 Trauma Other:

SES

Low SES Middle SES High SES

Religion

Baha'i Buddhist Christian Hindu

Jewish Muslim Other:

International & Refugee (specify): _____

Languages Spoken (specify): _____

ACTIVITIES

Clinical & Forensic Intervention Activities

Career Counseling Case Management Couples Therapy/Counseling Court Liaison/Advocacy

Crisis Intervention Family Therapy/Counseling Group Therapy/Counseling Individual Therapy/Counseling

Medical/Health Interventions Milieu Therapy Outreach Programming Program Development

Rehabilitation School Counseling Substance Abuse Interventions Supervision of Other Students

Other:

Clinical & Forensic Assessment Activities

Achievement/Aptitude Testing Diagnostic Clinical Interviews Intake Interviews

Intelligence Testing Learning Disability Testing Mental Status Exam

Neuropsychological Testing Objective Testing Projective Testing

Self-Report Measures Structured Interviews Other:

Specific Tests Utilized

Bender Gestalt California Psychological Inventory-Revised Connors Scales (ADHD)

Halstead-Reitan Hare Psychopathy Checklist-Revised MCMI-III

MMPI-A MMPI-II Myers-Briggs Type Indicator

Parent Report Measures Peabody Picture Vocabulary Test Personality Assessment Inventory

Projective Drawings Projective Sentences (e.g., Rotter) Rorschach

Self-Report Measures (e.g., BDI) Strong Interest Inventory Structured Diagnostic Interviews

TAT Trail Making Test A & B Vineland

WAIS-IV Wechsler Memory Scale IV WISC-V

WPPSI-III WRAT-IV Other:

Average Total Number Of Integrated Batteries

PsyD/PhD Assessment Externs: _____ PsyD/PhD Therapy Externs: _____ PsyD/PhD Advanced: _____

Note: PsyD: A battery includes a history, an interview, and at least two tests from one or more of the following categories: personality (objective and/or projective), intellectual, cognitive, and/or neuropsychological. The report must be synthesized into a comprehensive report providing an overall picture of the patient.

Research Opportunities

Are there research opportunities at this site? Yes No (If "Yes," please attach a description of opportunities as requested.)

SUPERVISION

Hours of Individual Supervision/Week: _____ **Hours of Group Supervision/Week:** _____

Does the site train in Evidence Based Practice and Outcome Assessment? Yes No

If Yes, please explain: _____

Other Learning Experiences Are Available At This Site

Peer/Professional Case Presentations Structured Didactic Learning Experiences

Other (specify): _____

Supervisors

Name:	Degree:	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:
Name:	Degree:	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:
Name:	Degree:	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:
Name:	Degree:	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:
Name:	Degree:	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:

APPLICATION & OFFERS

Application Materials (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Cover Letter | <input type="checkbox"/> Vitae/Resume | <input type="checkbox"/> Letters of Recommendation |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Site Application Form (attach copy) | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Writing Sample: | <input type="checkbox"/> Other: | |

Applications Accepted

Identify any limitations on the number of applications you would like to receive from schools for the various training positions you may offer. Schools will do their best to try and comply with these application limits:

Method of Application Contact from Students (check all that apply)

- | | | |
|--------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Postal Mail | <input type="checkbox"/> Email | <input type="checkbox"/> Online |
|--------------------------------------|--------------------------------|---------------------------------|

Method of Preferred Contact from Students (check all that apply)

- | | | | |
|--------------------------------------|--------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Postal Mail | <input type="checkbox"/> Email | <input type="checkbox"/> Telephone | <input type="checkbox"/> None |
|--------------------------------------|--------------------------------|------------------------------------|-------------------------------|

Site-Specific Application Instructions (format/order of application materials, instructions for submission, etc.)

Directions to Site Location (driving directions, public transportation options, directions to specific office/building, etc.)

Offer Process

- The site abides by the practicum application and offer timeline established by ACEPT for doctoral students only.
- The site abides by the practicum application and offer timeline established by ACEPT for masters students only.
- The site abides by the practicum application and offer timeline established by ACEPT for both doctoral and masters students.
- The site does not abide by the timeline established by ACEPT. If you don't follow ACEPT, please specify your site's timeline:

Out of Pocket Expenses by Students (once matched)

- | | | | |
|---------------------------------------|---|---|---------------------------------|
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Background Check | <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Other: |
|---------------------------------------|---|---|---------------------------------|

ATTACHMENTS

Required Narratives (on separate pages, describe each of the following)

- | | | |
|-------------------------------------|-----------------------------------|---|
| 1) Ideal Applicants to Your Program | 2) Supervision Philosophy of Site | 3) Research Opportunities (if applicable) |
|-------------------------------------|-----------------------------------|---|

Please email this form to the school(s) you would like to receive information about your training site.

Adler University (formerly Adler School of Professional

Psychology) Dr. Paul Cantz: pcantz@adler.edu

Loyola University Chicago, Counseling Psychology Program

Dr. Rufus Gonzales: rgonza1@luc.edu

Midwestern University

Dr. Lorna London: llondo@midwestern.edu

National Louis University

Dr. Kristen Newberry: kcarneynewberry@nl.edu

Trinity Christian College

Dr. Kara Wolff: kara.wolff@trnty.edu

Wheaton College

Dr. Ward Davis: ward.davis@wheaton.edu

Fielding Graduate University, Clinical Psychology Program

Dr. Elaine Hanson / Dr. Joan Reid: clintraining@fielding.edu

Loyola University Chicago, School Psychology Program

Dr. Leah Marks: lmarks2@luc.edu

Moody Theological Seminary

Dr. Valencia Wiggins: Valencia.Wiggins@moody.edu

Roosevelt University

Dr. Patricia Kimbel: pkimbel@roosevelt.edu

The Chicago School of Professional Psychology

Dr. Reema Obaid: robaid@thechicagoschool.edu