San Francisco State University
SCHOOL PSYCHOLOGY INTERNSHIP PROGRAM APPLICATION
Offered jointly between the Psychology Department and
the College of Extended Learning

Admission for Fall _____

Name:_____ SS# _____/_____/_____
       (Last)   (First)   (Middle Initial)

Address:_____

_____
     (City)   (State)   (Zip)

Home Phone: (_____)_____   Work Phone: (_____)_____

e-mail address: _____   DOB____/_____/_____

Optional Questions: Age_____   Gender_____   Ethnicity _____

Have you applied to the Psy department before?_____   If "yes", what semester:_____

Are you a continuing student at SFSU? _____
Department/Program:_____   Date of enrollment:_____

Graduate Degree (type/ major)_____
College/University_____
Date Received_____

Undergraduate Degree (type/ major)_____
College/University_____
Date Received_____

Have you taken the GRE within the past 7 years? _____   Date_____
Scores: English_____   Quantitative_____   Analytical_____
If not, scheduled date to take GRE: _____

Have you passed all subject areas of CBEST? _____   Date _____
Scores: Reading _____   Mathematics _____   Writing_____

Do you have a teaching/education credential? _____
Type & State _____   Date_____
Type & State _____   Date_____

If not currently credentialed, are you approved for a Certificate of Clearance in CA?____
Date _____ If not, have you applied to the Credentials Office _____ When? _____

Do you have any related credentials or licenses (e.g., MFT, counseling?) _____
Type & State _____   Date_____
Type & State _____   Date_____

Print the names and locations of all Colleges and Universities attended and attending.
List most recent first.

INSTITUTION	DATES	MAJOR	DEGREE

List previous **related graduate- level** coursework in psychology, education, counseling:

COURSE TITLE	INSTITUTION	DATE	UNITS	GRADE

Please respond to the following questions regarding your fieldwork experiences (psychologically-related work with children). You may copy this page to complete this list for **each year** of fieldwork experience. Do not combine years of experiences:

Date/Year: _____   First Year_____   Second Year_____   Third Year____
                                        Other/explain_____

SchoolSite/District/Agency:_____
Age Group/Population Served: _____

Name of Supervisor: _____   Phone No. _____
(We reserve the right to contact your supervisor.)

Was your supervisor a credentialed School Psychologist?   Yes _____   No_____
State:_____   National (NCSP): _____

Was your supervisor credentialed/licensed in a related field? Yes _____   No _____
     (e.g., LEP, MFT, MFCC, LCSW, License in Psychology)
Which /license?_____   State: _____

How often did you meet with your supervisor? _____   Indiv. ____ Group ____

Fieldwork Activities	**# of hours**	**briefly describe experience**

Assessment/Evaluation

Direct Intervention
(clinical work/ counseling)

Consultation
(staff/classroom interventions//families)

Case Review/ Team Consultation
(e.g., Student Study Team)

Professional Development
(conferences, seminars)

Please submit the following items with your application:

1._____   Copy of official or unofficial transcripts (graduate coursework)..

2._____   Copy of graduate course syllabi or detailed course descriptions.

3._____   Copy of GRE scores (taken within past 7 years).

4._____   Copy of CBEST passage and scores.

5._____   3 letters of recommendation (at least 1 of which must be from a
                credentialed School Psychologists).

6._____   Copy of Psychological Report on a child or adolescent written by you
                (MUST delete all identifying information).

7._____   Certificate of Clearance (obtained from the Credentials Office) for the
                state of CA or copy of current credential issued by the CCTC

8._____   Check for Application Fee for $90.00, made payable to San Francisco
                State University

_____

I hereby certify (or declare) under penalty of perjury that all the foregoing statements in
this application are true and correct.

Date_____   City_____   State_____

Signature of Applicant:_____