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.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>DATES</th>
<th>MAJOR</th>
<th>DEGREE</th>
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List previous related graduate-level coursework in psychology, education, counseling:

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<thead>
<tr>
<th>COURSE TITLE</th>
<th>INSTITUTION</th>
<th>DATE</th>
<th>UNITS</th>
<th>GRADE</th>
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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 ____

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<thead>
<tr>
<th>Fieldwork Activities</th>
<th># of hours</th>
<th>briefly describe experience</th>
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<tbody>
<tr>
<td>Assessment/Evaluation</td>
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<tr>
<td>Direct Intervention</td>
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<td>(clinical work/ counseling)</td>
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<tr>
<td>Consultation</td>
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<td>(staff/classroom interventions//families)</td>
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<tr>
<td>Case Review/ Team Consultation</td>
<td></td>
<td>(e.g., Student Study Team)</td>
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<tr>
<td>Professional Development</td>
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<td>(conferences, seminars)</td>
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</table>
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:___________________________________________________