

University of Kansas Medical Center

Application for Admission to a Clinical Psychology Training Program

FOR OTR ONLY	
ENTERED FROM KUMC	
_____ Student No.	_____ School/Level
_____ Year/Term	_____ Residency
_____ Date Entered	_____ Initials

KUMC is an AA/EQ Title IX Institution. For disability accommodations in the application process, contact the EEO Office at 913-588-1206 (voice) or 913-588-7963 (TDD). This publication is available in alternate formats upon request to the Equal Opportunity Office at 913-588-1206.

Name _____ Date of Birth _____
 (First) (Middle) (Last) (Maiden if applicable)

Present Address _____ (_____) _____
 (Number and Street) (City) (State) (Zip) (Phone No.)

Permanent Address _____ (_____) _____
 (Number and Street) (City) (State) (Zip) (Phone No.)

In order to comply with federal regulations under Titles VI and IX of the Civil Rights Act the University **must** collect data on the race and sex of its applicants. This information will be used for reporting purposes only. **If you choose to do so**, please check the appropriate boxes:

Female Male American Indian or Alaskan Native Black Hispanic White Other
 Social Security No. _____ Marital Status _____

Citizenship _____

Proposed Program → → → Practicum Internship Fellowship

Request appointment to begin on _____, 20_____. Please include a letter of application outlining your academic background and objectives. Please include your graduate and undergraduate transcripts.

Licenses to practice by state, specialty and type if applicable None (1) _____ (2) _____

Academic and Professional Experience Record

Prior attendance at the University of Kansas: Yes No Dates: _____ to _____.

Name & Location of College, University, Hospital, Training Institutions	Attendance (Month/Year)	Degree or Certificate	Major Program	Date Awarded (Month/Year)
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____
_____	_____ to _____	_____	_____	_____

REFERENCES: List the name, position, and address of three or more persons who are acquainted with your academic and professional experience and from whom you have requested confidential statements in support of your application.

Past and present relationship to Armed Services None _____
 What scholarships or other academic awards have you received? _____

I hereby authorize the institutions and individuals listed above to disclose to the University of Kansas School of Medicine any and all records which pertain to education or training in which I have participated and to furnish copies of all such records to the University of Kansas School of Medicine. I hereby release all such institutions and individuals from any liability arising from or which might arise from the furnishing of the information requested.

Date of Application _____ Signature of Applicant _____

Departmental Action

The Division of Psychology in the Department of Psychiatry and Behavioral Sciences accepts the above named applicant as a
 Practicum Student Intern Fellow

Director of Training _____

Date _____ Signature of Departmental Chair _____

Distribution: Send Original to Office of the Registrar--3017 Student Center, Second copy for Office of GME-- 3001 Murphy, Third Copy--Departmental.