



UCSF AIDS Health Project

Clinical Traineeship Application

This form can be printed, filled out and mailed or it can be filled out as a PDF (using Adobe Acrobat) and submitted via e-mail.

DATE

NAME first middle initial last

HOME PHONE

WORK PHONE

ADDRESS

CITY STATE ZIP

Name: _____

Are you currently working towards a graduate degree?

Yes (Please answer items a through f, and skip items g through j)

a. Graduate school and department: _____

b. Graduate degree you are working towards: _____

c. When do you expect to receive this degree? _____

d. In what area will your graduate degree be?

Social Work

Counseling

Psychology

Education

e. When did you begin graduate studies? _____

f. Number of years of graduate study in your current degree program you will have completed by June 2011:

No (Please answer items g through j)

g. What graduate degree do you now have? _____

In what area is your graduate degree ?

Social Work

Counseling

Psychology

Education

i. When did you receive this degree? _____

j. At what institution did you receive this degree? _____

How did you hear about the AIDS Health Project Traineeship programs?

School Flyer

Word of Mouth

Other _____

The traineeship begins on August 12, 2011 and will end July 13, 2012.

Would you be able to be with us for the entire 12 months?

Yes

No

We ask that each trainee be on site for 20 hours per week during the traineeship.

Would you be able to do this?

Yes

No

Name: _____

We strongly prefer that applicants have prior direct clinical experience—individual/group psychotherapy, clinical intakes, case management, crisis intervention, etc—as well as knowledge and experience of issues affecting the LGBT community. Please list each of your clinical experiences. Please use the back of this sheet to indicate additional placements.

1. Agency/Site: _____

Starting Date: _____

Ending Date: _____

Client populations served: _____

Clinical activities: _____

Average number of hours of **face-to-face client contact** per week: _____

Number of hours of clinical supervision you received each week: _____

2. Agency/Site: _____

Starting Date: _____

Ending Date: _____

Client populations served: _____

Clinical activities: _____

Average number of hours of **face-to-face client contact** per week: _____

Number of hours of clinical supervision you received each week: _____

Name: _____

Please describe below any experience, other than your practicums, you have had providing counseling or psychotherapy using a brief therapy approach.

Please describe any experience, other than your practicums, you have had providing counseling or psychotherapy that did not specifically use a brief therapy approach.

Name: _____

In the space below, please explain what interests you about doing a traineeship at the UCSF AIDS Health Project.

List any languages other than English that you speak fluently.

Mail completed application, curriculum vita, letter of interest,
and 2 letters of recommendation to:

Mary Beth Reticker, LMFT
AIDS Health Project
1930 Market Street
San Francisco, CA 94102

marybeth.reticker@ucsf.edu

**Application must be postmarked no later than
February 22, 2011 for consideration.**