



# 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 2010:

\_\_\_\_\_

**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 July 9, 2010 and ends on June 24, 2011.

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: \_\_\_\_\_

Applicants must have done at least one previous supervised clinical field placement (lasting six months or longer) in which they provided counseling or psychotherapy. Please list each such supervised clinical field placement. If you have done more than two supervised clinical field placements, 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.

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

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Name: \_\_\_\_\_

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

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List any languages other than English that you speak fluently.

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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](mailto:marybeth.reticker@ucsf.edu)

**Application must be received no later than February 12, 2010 for consideration.**