



# TOURO UNIVERSITY WORLDWIDE

## Placement Agency Application

*Upon review and approval, your completed application will be placed in our database for reference and future use. Please notify us of any updates to the information submitted.*

Today's Date (mm/dd/yy): \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Clinical Director: \_\_\_\_\_  
Name Title E-mail

Clinical Supervisor: \_\_\_\_\_  
Name Title E-mail

Which month(s) of the year does this agency accept applications? \_\_\_\_\_

Which month(s) of the year does this agency prefer trainees to begin practicum?  
\_\_\_\_\_

How many hours of commitment does this site require each week? \_\_\_\_\_

What days/times of the week is the agency open? \_\_\_\_\_

What are the mandatory meeting times (i.e. supervision)? \_\_\_\_\_

What population is most commonly served? \_\_\_\_\_

What requirements are needed by the agency prior to the start of practicum? (Include typical time frame for any clearances):  
\_\_\_\_\_

Is there a cost to the student for any clearances and training listed above? If so, please indicate which one(s) and their costs: \_\_\_\_\_

Does the agency offer/require orientation and training for the site? If yes, when is it offered? \_\_\_\_\_

Thank you for completing this form.

**Please return the form to:**  
Kaleena Prate, MS, LMFT  
Coordinator of Practicum Training  
Kaleena.Prate@tuw.edu