

Universal Site Information Form

Please Note: Training sites should complete this form annually and send to the academic programs from which they would like to receive applications. This form allows academic programs to maintain a database of training sites to which their students can apply. All academic programs listed at the end of this form have agreed to accept this ACEPT Universal Site Information form. Training sites may also send this form to academic programs not listed if they wish.

DATE COMPLETED:				
Has your site's information changed from the previously completed Universal Site Information Form?				
🗆 Yes 🗆 No				
If yes, please indicate the areas changes were made:				
□ Agency Information	Positions Available	Position Information	Populations	
□ Activities	□ Supervision	□ Application & Offers	□ Attachments	
☐ Yes ☐ No If yes, please indicate t ☐ Agency Information	he areas changes were n	nade:	Populations	

AGENCY INFORMATION

Site Name:				
Contact Name:			Title:	
Address:			Dept.	
City:		State:	Zip:	
Phone:		Fax:	Email:	
Website:				
Site Location (if d Address:	ifferent than above)			
City:		State:	Zip:	
Setting Primary: Secondary: Other:				
Site Preferences				
Is a car required	to work at this site? \Box Yes	🗆 No		
Is this site acces	sible by public transit? 🛛 Yes	□ No If "Yes," please indicate	nearby routes/stations:	
Language Skills? Yes No Specific language(s):				
Other:				

POSITIONS AVAILABLE

Total Number of Students Trained per Year (all types of training from all academic programs):						
Positions (check all that apply and indicate the total number of positions for each type of training)						
Clinical MA (Counseling/Mental Health) Clinical MA (ABA) Forensic MA						
# of positions:	# of positions:	# of positions:				
Clinical PsyD/PhD Assessment	Clinical PsyD/PhD Therapy*	Clinical PsyD/PhD Advanced				
# of positions:	# of positions:	# of positions:				
□ School Psychology PsyD Advanced □ Doctorate in Counseling Sup. & Ed. □ Supplemental ("partial" training experience)						
# of positions: # of positions: # of positions:						

* PsyD Therapy students must have completed a prior graduate level therapy training experience (e.g., MA internship)? 🗆 Yes 🗆 No

POSITION INFORMATION (Students in these programs typically complete one training experience per academic year, lasting nine (9) to twelve (12) months during which students accumulate a minimum number of hours.)

Start Date:	Flexible? 🗆 Yes 🗆 No	End Date:	Flexible? 🗆 Yes 🗆 No
Total Months:	Total Hours Anticipated:	Average Days/Week:	Average Hours/Week:
Weekend Hours? 🗆 Yes 🗆 No	Evening Hours? 🗆 Yes 🗆 No	Required Training Days: 🗆	IM □T □W □R □F □Sa □Su
Comments:			
	ing service modalities: □ In-Persor ing training modalities: □ In-Persor		
This site would provide particularl	y good training for Clinical PsyD stu	dents interested in the follow	ving concentrations:
Child/Adolescent	Expressive & Creat	ive Arts	Forensic
□ Health	Multicultural		Organizational
Neuropsychology	🗆 Older Adult		Adult
Trauma/Traumatic Stress	□ Substance Abuse 1	reatment 🗆	Other:
	y good training for Clinical students		
Cognitive/Behavioral	Humanistic/Existential	Psychodynamic	□ Systems
POPULATIONS (Indicate all that Age:	apply to the clientele serviced by the	ne agency.)	
□ Infant/Toddler (0-3)	□ School Age (6-12)		Adult (18-64)
Preschool (3-5)	Adolescent (13-17		Older Adult (65+)
Gender:			
Female Ma	ale 🗌 Non-bina	ry 🗆 Transgen	ider 🗌 Other:
Sexual Orientation:			
Bisexual Ga	y 🗆 Heterose	exual 🗆 Lesbian	□ Other:
Ethnicity			
African-American/Black/African	n Origin 🛛 🗌] American Indian/Alaska Nat	tive/Aboriginal Canadian
🗆 Asian-American/Asian Origin/Pa	acific Islander/South Asian] Bi-Racial/Multi-Racial	
European Origin/White	C] Latinx/Hispanic	
□ Middle Eastern/Arab/North Afr	ican E] Other:	
Disability			
Blind/Visually Impaired	Deaf/Hard of Hear	-	Developmental
Learning/Cognitive	🗆 Severe Mental Illn		Physical/Orthopedic Disability
			Other:
Presenting Concerns			
□ Adjustment	Anxiety		Attention-Deficit & Disruptive Behavior
Communication	🗆 Dementia		Dissociative
Eating	Impulse-Control		Learning
Mental Impairment	□ Mood		Motor Skills
Personality	Pervasive Develop		Schizophrenia & Other Psychotic
Sexual	🗆 Sleep		Substance-Related
🗆 Trauma			Other:
SES			
Low SES	□ Middle SES		High SES

Religion				
🗆 Baha'i	🗆 Buddhist	Christian	🗆 Hindu	
□ Jewish	🗆 Muslim	□ Other:		
International & Refugee (specify):				
Languages Spoken (specify):				
ACTIVITIES				
Clinical & Forensic Intervention Ac	tivitios			
□ Career Counseling	Case Management	Couples Therapy/Cour	seling 🛛 Court Liaiso	n/Advocacy
□ Crisis Intervention	□ Family Therapy/Counseling	□ Group Therapy/Couns		nerapy/Counseling
Medical/Health Interventions	□ Milieu Therapy	Outreach Programmin		17. 0
□ Rehabilitation	□ School Counseling	□ Substance Abuse Inter	• •	of Other Students
	5		□ Other:	
Clinical & Forensic Assessment Act	ivities			
Achievement/Aptitude Testing	Diagnostic Clinical	Interviews	Intake Interviews	
Intelligence Testing	Learning Disability	/ Testing	Mental Status Exam	
Neuropsychological Testing	Objective Testing		Projective Testing	
□ Self-Report Measures	Structured Interview	ews	□ Other:	
Specific Tests Utilized		e siest laurente au Devise d		
Halstead-Reitan	□ Hare Psychopathy (ogical Inventory-Revised	Connors Scales (ADHD MCMI-III	
		Checklist-Revised		aatar
MMPI-A Depart Measures		a a bulan / Tast	Myers-Briggs Type Indi Dereanality Assessment	
Parent Report Measures Projective Provings	Peabody Picture Vo Projective Sentence	,	Personality Assessmen Rorschach	t inventory
Projective Drawings Colf Depart Measures (a.c., DDI)	Projective Sentence Constant land			
Self-Report Measures (e.g., BDI)			Structured Diagnostic I	nterviews
	Trail Making Test A		□ Vineland	
		Scale IV		
U WPPSI-III	U WRAT-IV		□ Other:	

Average Total Number Of Integrated Batteries

PsyD/PhD Assessment Externs: PsyD/PhD Therapy Externs:

Note: *PsyD: A battery includes a history, an interview, and at least two tests from one or more of the following categories: personality (objective and/or projective), intellectual, cognitive, and/or neuropsychological. The report must be synthesized into a comprehensive report providing an overall picture of the patient.*

PsyD/PhD Advanced:

Research Opportunities

Are there research opportunities at this site? 🗆 Yes 🗆 No (If "Yes," please attach a description of opportunities as requested.)

Degree:

Other Benefits or Resources Available to Practicum Students:

SUPERVISION

Name:

Hours of Individual Supervision/Week:	Hours of Group Supervision/Week:			
Does the site train in Evidence Based Practice and Outcome Assessment? Yes No				
If Yes, please explain:				
Other Learning Experiences Are Available At T	his Site			
Peer/Professional Case Presentations	□ Structured Didactic Learning Experiences			
Other (specify):				
Supervisors				
Name:	Degree:	Licensed? 🗆 Yes 🗆 No	License #:	
Name:	Degree:	Licensed? 🗆 Yes 🗆 No	License #:	
Name:	Degree:	Licensed? 🗆 Yes 🗆 No	License #:	
Name:	Degree:	Licensed? 🗆 Yes 🗆 No	License #:	

Licensed? □ Yes □ No License #:

APPLICATION & OFFERS

Application Materials (check all that	apply)			
Cover Letter	□ Vitae/Resume		□ Letters of Recommendation	
Transcript	□ Site Application Form	(attach copy)	Background Check	
□ Writing Sample:	□ Other:			
Applications Accepted				
Identify any limitations on the numb			or the various training positions you may	
offer. Schools will do their best to tr	y and comply with these application	limits:		
Method of Application Contact from	Students (check all that apply)			
Online				
Method of Preferred Contact from S				
Online	🗆 Email	Telephone	□ Other:	
Site-Specific Application Instructions	(format/order of application mater	ials, instructions for su	bmission. etc.)	
Directions to Site Location (driving d	irections nublic transportation onti	ons directions to speci	fic office/building_etc)	
	nections, public transportation opti-	ons, un eccions to speci	ne onice, building, etc.)	
Offer Dreeses				
Offer Process The site abides by the practicum a	application and offer timeline establ	ished by ACEPT for doo	toral students only	
\Box The site abides by the practicum		-	-	
☐ The site abides by the practicum a		-	-	
□ The site does not abide by the tin	neline established by ACEPT. If you d	lon't follow ACEPT, plea	ase specify your site's timeline:	
Out of Pocket Expenses by Students	(once matched)			
□ Vaccinations □ B	ackground Check 🛛 Healt	h Insurance	□ Other:	
ATTACHMENTS				
Required Narratives (on separate pa	as describe each of the following)			
1) Ideal Applicants to Your Program	2) Supervision Philosoph	ny of Site	3) Research Opportunities (if applicable)	
Please email this form to the school				
Adler University (formerly Adler Sc Dr. Paul Cantz: pcantz@adler.edu	hool of Professional Psychology)	•	niversity, Clinical Psychology Program Dr. Joan Reid: clintraining@fielding.edu	
Loyola University Chicago, Counsel	ing Psychology Program	-	icago, School Psychology Program	
Dr. Rufus Gonzales: rgonza1@luc.ed		Dr. Leah Marks: Imar		
Midwestern University		Moody Theological Seminary		
Dr. Lorna London: Ilondo@midweste		Dr. Valencia Wiggins: Valencia.Wiggins@moody.edu		
Illinois School of Professional Psych Dr. Lucy Lopez: llopez35@nl.edu	biogy at National Louis University	Roosevelt University Dr. Patricia Kimbel: pkimbel@roosevelt.edu		
Trinity Christian College The Chicago School of Professional Psychology			-	
Dr. Kara Wolff: kara.wolff@trnty.edu Dr. Reema Obaid@thechicagos				
Wheaton College				

Dr. Ward Davis: ward.davis@wheaton.edu