

CLINICAL PSYCHOLOGY INFORMATION SHEET

This form must be completed in its entirety and returned to the Director of Clinical Training. *This form is returned to a different address than the rest of your application materials. You MUST fill in the requested information directly on this form and, in addition, attach a curriculum vitae/resume.* Return this Form to: The Director of Clinical Training, Psychology Department, Social Science 369, The University at Albany, 1400 Washington Avenue, Albany, NY 12222 as soon as possible.

This is not a substitute for the official application form. You must still complete the "Application for Admissions to Degree Or on-Degree Graduate Study" and send it and all supporting Materials to the Graduate Admissions Office.

Name _____

Undergraduate Institutions and Degrees _____
(include dates)

Major _____

Graduate Institutions, Degrees, Area of Study

Undergraduate Grade Point Average in Psychology Courses _____

Graduate Grade Point Average in Psychology Courses _____

GRE	Verbal	Quantitative	Analytical	Subject Test
Score	_____	_____	_____	_____
Percentile	_____	_____	_____	_____

Orientation to Clinical Problems (check one that best fits you)

_____ Behavioral	_____ Psychoanalytic
_____ Cognitive-Behavioral	_____ Rogerian
_____ Eclectic	_____ Other (specify)
_____ Ego Psychology	_____
_____ Humanistic	_____ Undecided

Major Clinical Problem Areas (Indicate which of the following clinical/research areas You have interest in. Rank order as many as apply.)

- | | |
|---|---|
| <input type="checkbox"/> Addictions (Sex/Alcohol/Gambling) | <input type="checkbox"/> Ethnicity and Families |
| <input type="checkbox"/> Anger Problems | <input type="checkbox"/> Experimental Psychopathology
(Anxiety and Fear) |
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Health Psychology |
| <input type="checkbox"/> Autism and Developmental
Disabilities | <input type="checkbox"/> Neuropsychology |
| <input type="checkbox"/> Behavioral Medicine | <input type="checkbox"/> Pediatric Psychology |
| <input type="checkbox"/> Childhood Disorders | <input type="checkbox"/> Women's Health Issues |
| <input type="checkbox"/> Children and Families | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Eating Disorders | |

List up to 3 faculty with whom you would be interested in working:

(1) _____ (2) _____ (3) _____

Briefly describe any research experience you have had.

Briefly describe any direct human service experience you have had with clinical or related populations.

Please list the addresses, telephone numbers, and e-mail addresses at which you can be reached January through April.

Address _____

Telephone Number _____

Alternate Address _____

Alternate Telephone Number _____

E-mail Address _____

Alternate E-mail Address _____