

Extern Application Face Sheet

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Last 4 of SS# (123-45-****): _____

Graduate University: _____

Graduate Program: _____

Which degree are you seeking? PhD PsyD

Year in graduate program by externship start date: _____

Name of Director of Clinical Training in Graduate Program: _____

Director Email: _____

Will you have a master's degree by the start of the externship? Yes No

Which externship track are you applying for at CHCO (check all that apply)?

- Child Clinical
- Colorado Springs
- Cystic Fibrosis
- Developmental Pediatrics
- Gastroenterology
- Neuropsychology
- Rehabilitation
- Transplant & Urology
- Young Mother's Clinic