Application for General Ph.D. Exam

University of South Alabama
Clinical and Counseling Psychology Program

Student Name: _____Date _____

I am requesting approval to take the USA CCP General Exam. The information below is intended to assist the Director of Clinical Training in making a decision regarding the appropriateness of this case.

Modality: Individual Therapy Family Therapy Couples Therapy

Demographic Information: Male Female Age:

Primary Clinical Supervisor: _____

Date of 1st session: Date of last/most recent session:

Current disposition: Currently in therapy Terminated: Treatment Completed
Client Initiated Termination
Therapist Initiated Termination
Therapy Incomplete (No Show)

I have reviewed this case with the student and believe that the clinical case and level of supervision received is appropriate.

_____
Primary Mentor Date

The student is approved to sit for his/her General Exam in Clinical and Counseling Psychology. The assigned committee members include:

Primary Mentor: _____

Clinical Supervisor (2nd Member): _____

3rd Member: _____

_____
Director of Clinical Training Date