



# University of Colorado at Colorado Springs

## Department of Psychology

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### Clinical Practicum Site Registration Form MA and PhD Program in Clinical Psychology at UCCS

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Student (Trainee) Name	
Student Phone #	
Student Email	
Practicum Site Name	
Address	
Site Phone #	
Supervisor Name	
Colorado License held by Supervisor (check all that apply)	Licensed Psychologist LPC LCSW LMFT Other (indicate):
Supervisor Phone #	
Supervisor Email	
Work schedule at site	
Briefly describe the nature of clinical experiences planned for you as a practicum trainee	

Please complete this form and return to the DCT Assistant ([dctasst@uccs.edu](mailto:dctasst@uccs.edu)) by the provided due date. This form will allow us to formally keep track of your practicum setting and to communicate effectively with your site and clinical supervisor.