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TRAINING APPLICATION

*Email your completed application and professional resume to: drmorris@ascendsalina.com
Please include a brief introduction and statement of intent in the body of your email.*

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Main Phone: _____ Work Phone: _____

Email Address: _____

I am seeking:

- Doctoral Level Practicum: (*Therapy* *Testing* *No preference*)
- Master's Level Practicum
- Post-Doctoral Resident/Fellow Position LPC-Intern Position
- Other (Please Specify): _____

I have outside supervision, and am seeking site placement only. No Yes

If, yes, my supervisor is: _____
(Name) (Phone Number)

University: _____ Degree in Progress? Yes No

Degree Program: _____

Anticipated Start Date (Students: list Semester/Year): _____

For how many semesters are you requesting practicum placement at Ascend? _____ N/A

How many direct hours per semester does your school require? _____ N/A

Please describe your theoretical orientation: _____

Please describe your preferred treating population: _____

Students – Deadline for site approval / Completion of paperwork: _____ N/A