



CHILD/ADOLESCENT PSYCHOLOGY EXTERNSHIP

Name: _____ Today's Date: _____

Address: _____

Phone: _____ Email: _____

APA accredited: yes ___ no ___ Current year at graduate school: _____

Director of Clinical Training: Name: _____

Email: _____

Name graduate courses taken in psychological testing and psychotherapy:

Name former externship settings and the nature of your clinical work at those sites:

With this application, please include your CV and a copy of a psychological testing report concerning a child or teenager whom you have tested. Also arrange to have two letters of recommendation sent as soon as possible. Your graduate school must send a letter confirming that you are a student in good standing. Accepted applicants must also submit proof of liability insurance coverage, both their own and their school's umbrella coverage, with William Alanson White named as additional insured.

Mail application materials both by email and by US mail to Daniel Gensler, PhD, Director of William A. White Child/Adolescent Externship, 85 Campbell Street, New Hyde Park, NY 11040, gen.stein1@verizon.net.