

**Richardson** 1221 Abrams Rd. Ste. 325 Richardson, TX 75081 **Plano** 906 17<sup>th</sup> St. Plano, TX 75074 Phone: 469-619-ROCC (7622)
Fax: 469-458-7024
Email: ROCC@richlandoaks.org

Website: richlandoaks.org

McKinney 1402 S. Custer Rd. Ste. 401 McKinney, TX 75072

## **ROCC Training Application**

\*\* Please email your completed application and professional resume to: ROCC.Training@richlandoaks.org. \*\*

\*\* The body of your email should be comprised of a brief introduction and statement of intent. \*\*

ame:		Date of	Date of Birth:		
(Last)	(First)		(mm/dd/yyyy)		
Address:			(6)	( <del></del>	
(Street)		(City)	(,		
Home Phone:	Wo	ork Phone:			
Email Address:					
Please consider me for the training	program at (check all that	apply):			
☐ ROCC Richardson	☐ ROCC Plano	☐ ROCC McKinney			
I am seeking:					
☐ Master's Level Practicum	$\Box$ Doctoral Leve	l Practicum†			
☐ Pre-Doctoral Internship	$\Box$ Post-Doctoral	☐ Post-Doctoral Resident/Fellow Position			
☐ LPC-Associate Position	☐ LMFT-Associate Position*		☐ LMSW	Pursuing LCSW*	
☐ Other (Please Specify):					
†Doctoral Level Practicum Candida	tes: I am seeking training s	pecific to assessments.	☐ Yes	□ No □ N/A	
I have outside supervision, and am	seeking site placement on	ly. $\square$ Yes $\square$	No		
My supervisor is:				□ N/A	
(Name)		(Phone Num	iber)		
University:		Degree	in Progres	s? □ Yes □ No	
Degree Program:					
Anticipated Start Date (Students, li	st Semester/Year):				
For how many semesters are you re	equesting practicum place	ment at ROCC?		□ N/A	
How many direct hours per semest	er does your school requir	e?		□ N/A	
Please describe your theoretical or	entation:				
Please describe your preferred trea	ting population:				
Students – Deadline for site appro	val / Completion of paper		te)		

<sup>\*</sup> Please note, LMFT-Associate positions and positions for LMSWs pursuing LCSW licensure require outside supervision.