Idaho State University Counseling and Mental Health Center (CMHC)

Biofeedback Practicum Application Form

Below is a list of what is required for our training application. Please send your completed application packet to the training coordinator, Kira Adams LCSW, at kiraadams@isu.edu

- A completed Biofeedback Practicum Application Form (this document)
- Resume/Vita
- Transcripts
- Three (3) professional references with phone numbers (must be at least one department faculty member, any non-faculty references must be other supervisors able to comment on your clinical skills)

Name		Today's Date	
Address		Home Phone	
		Cell Phone	
Email address		Work Phone	
1). Select all semesters that yo	ou are willing to work as a pra	cticum student:	
Fall	Spring	Summer	
2). Please list your undergradu	ate institution:	Dates Attended	
Degree received	Major	GPA	

3). Current Degree Program:



Counseling and Mental Health Center

CMHC (Pocatello) / Graveley Hall, South 3rd Floor / (208) 282-2130 Counseling and Career Services (Idaho Falls) / Bennion Student Union, Room 223 / (208) 282-7750 Disability, Counseling & Career Services (Meridian) / Health Science Center, 2nd Floor, Room 841C / (208) 373-1723 https://www.isu.edu/counselingcenter/ 1

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5). Briefly describe your clinical work experiences:

6). Briefly describe your non-clinical work experiences:

7). Tell us why you have chosen to apply for the Stress Management & Biofeedback Center practicum.

8). Write a short description of your knowledge of stress management.

9). Feel free to include any other information which you feel is important for us to know.



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