Clinical Psychology Training Program
Department of Psychology, University of South Dakota

Supplemental Application
2010-2011

Please answer the following questions. Limit your responses to one typed or word processed page per question.

1. Briefly describe your research experiences (e.g., as a research assistant; any research paper or poster presentations, publications, honors or masters theses, etc.) and/or your research interests.

2. Briefly describe your clinical or applied experiences (including relevant volunteer and paid positions) and/or your clinical interests.

3. What are your goals upon completion of your Ph.D. in clinical psychology?

4. How do your experiences and/or professional goals fit with the training philosophy and mission of the USD clinical training program?

5. Have you ever had a professional license revoked? yes _____ no_____
   If yes, please explain.

6. Have you ever been denied membership in a professional organization?
   If yes, please explain. yes _____ no _____

7. Have you ever been convicted of a felony? yes ____ no _____
   If yes, please explain.

Name _____ Date_____ _____
(please print)

Signature _____ Date_____ _____
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Attach this sheet to your responses and include in your application packet. Return the completed application packet by January 5th to:

Office of Research & Graduate Education
McKusick 211
The University of South Dakota
414 East Clark Street
Vermillion, SD 57069