



**Clinical Training:** Please describe your clinical activities in the past year, including the number of hours that you have attained.

Practicum	Type (Internal vs. External)	Therapy Hours	Assessment Hours	Supervision Hours
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			
	<input type="checkbox"/> I <input type="checkbox"/> E			

**Department and Professional Service:** Please describe all activities and events that you have participated in in the past year.

Did you attend SMU Research Day?            Yes            No

Did you present a poster at Research Day?    Yes            No

If yes, list the title: \_\_\_\_\_

Did you participate in Graduate Admissions Weekend?            Yes            No

If yes, list your activities during Admissions Weekend:

\_\_\_\_\_

\_\_\_\_\_

Please list any other department or professional service in the past year.