

Carl B. Metoyer
Center for Family Counseling

Required Supplemental Application for Family Therapy Training Program

Name:

Address:

Telephone Number(s):

Name of Graduate School:

Name of Degree Program (Psy.D. Ph.D. MA...):

Year of Graduate Study (first, second, third year...):

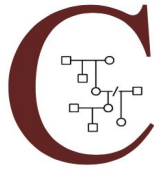
Do you speak Spanish or any other language; Please specify:

- Spanish
 Other(s)

Coursework

From the list below, please choose courses you have taken:

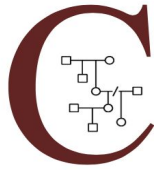
- Theories of Family Therapy
- Multicultural/Cultural Diversity Course
- Human Development
- Ethics and Reporting Laws
- Crisis Intervention (including suicide assessment & intervention)
- Other Family Therapy Related Courses (i.e. Couples Therapy, Narrative Therapy, Play Therapy) Please Specify Name(s) of Course(s):



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Clinical Interests & Experiences: Provide brief answers to the questions below. If you are granted an interview, you will be asked to more fully discuss your answers. Use the back of this paper, or more sheets if necessary.

1. What are you most interested in clinically and how do these interests fit with your future career goals?
2. What has been the extent of your clinical experience thus far?
3. Do you have experience working with children and or adolescents?
4. Do you have experience working with life crises? (Assessment of depression, suicide, dangerousness, mediation, and verbal conflict)
5. Identify specific theories of family therapy that are appealing to you at this time:



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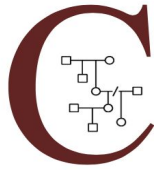
6. What experience do you have working with people of color, specifically with African-American and Latino groups?

7. What do you know of the East Oakland community in terms of having knowledge about issues faced by youth and families?

8. What personal strengths and skills do you bring into your clinical work?

9. Do you have any other skills that might be helpful?

10. What are your training needs? What are you hoping to learn?



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Time Availability

11. Are you available all day Thursday?

12. What evenings (Mon-Thurs) are you available (up until 8:00PM)?

13. Are you available for Saturday On-call? (The typical commitment of time is about one Saturday every five weeks)

14. What time limits or other restrictions should we discuss?

Please complete and return this application along with:

- One (1) letter of recommendation from someone who knows your clinical work.
- Curriculum Vitae.
- One (1) Cover Letter

Application materials **MUST BE RECEIVED** by BAPIC deadline (go to <https://bapic.info/>).

PLEASE EMAIL: clinicaladmin@cbmcffc.org