**C.G. Jung Institute of Los Angeles – Eligibility and Readiness Form**

**Doctoral Internship Application for:** Click or tap here to enter text.

***Section I to be completed by Student***

1. **Clinical Experience** Terminal Master Doctoral Doctoral

(actual) (estimate)

*Enter one number for each category. For example: 10,11,12.*

Up to 11/01 btwn 11/2 & 3/1

1. Total Hours of Supervision by licensed psychologist: Click or tap here to enter text.
2. Total Hours of Direct Intervention experience Click or tap here to enter text.
3. Total Hours of Assessment experience Click or tap here to enter text.
4. Dissertation Proposal Approved? Yes No Expected date of approval Click or tap to enter a date.

*Students must have their dissertation proposal accepted by their doctoral institution prior to applying to a full-time doctoral internship or a second half-time doctoral internship.*

1. Professional Conduct Responses:
2. *“Have you ever been suspended, terminated, asked to resign, or put on probation by a practicum of internship training site, employer or graduate academic program?”* Yes No

If Yes, please explain:Click or tap here to enter text.

1. *“Have you ever reneged on a training contract from a doctoral internship?”* Yes No

If Yes, please explain:Click or tap here to enter text.

***Section II: Please forward to Applicant’s Director of Clinical Training for completion.***

1. **Academic Standing**

Have you verified the student’s key Clinical Experience hours noted above? Yes No

Has the student’s dissertation proposal been accepted? Yes No

Is this student academically eligible to apply for doctoral internship? Yes No

If not, please explain:Click or tap here to enter text.

**Other**

Are there any professional conduct issues affecting this student’s eligibility for internship? Yes No

If so, please explain:Click or tap here to enter text.

Training Director’s Evaluation / Comments (optional) Evaluation / Comments:Click or tap here to enter text.

I require further communication with this student before submitting this verification form. Yes No

I agree this student is ready to apply for internship: Yes No

Director’s Electronic Signature: Click or tap here to enter text.

**Please email completed form to: clinic@junginla.org**