



## Application to Take the Comprehensive Clinical Proficiency Review (CCPR)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Daytime Phone Number \_\_\_\_\_

Specialization, if any: \_\_\_\_\_

1. I will have completed all required coursework for the Master's degree in Counseling Psychology by \_\_\_\_\_.
2. I am planning to take the CCPR on \_\_\_\_\_.
3. I have the following forms on file in the Department of Counseling Psychology:

\_\_\_\_\_ approved Application for Candidacy form

\_\_\_\_\_ Field Placement Application, Continuation & Evaluation forms for each placement held

\_\_\_\_\_ approved Psychotherapy Verification form

\_\_\_\_\_ approved Certification of Equivalency forms for any class waived, where applicable.

\_\_\_\_\_ Application for Degree (submitted to Registrar's office)

Please set up an appointment with Genia Laudisio, 485-3263, to verify that your file contains all of the required forms.

**\*\*You must bring an "unofficial" transcript from the Registrar's office with you to this meeting.\*\***