

# Psychology Externship Application

## North Florida South Georgia Veterans Health System

Please complete the following fields of information. Most fields require text entry.

### PERSONAL INFORMATION

Last Name:	First Name:	Home or Mobile Phone:
Address:	City, State & Zip:	Work Phone:
E-Mail:	U.S. Citizenship: <input type="checkbox"/> YES <input type="checkbox"/> NO	

### GRADUATE PROGRAM INFORMATION

Graduate Program/University:	Program Degree:	Type of Program: <input type="checkbox"/> Clinical <input type="checkbox"/> Counselling <input type="checkbox"/> Both
Current Year in Program:	APA Accreditation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director of Clinical Training (DC) Name:	DC Phone:	DC E-Mail:

List your coursework relevant to an externship at our facility:

List previous externship sites and focus of that training:

### AVAILABILITY

For which externship cycle would you like to be considered (Check all that apply)?

☐ Summer (May 2024-Aug 2024) ☐ Fall (Aug 2024-Dec 2024) ☐ Winter (Jan 2025-May 2025)

What location are you interested in for the externship?

☐ Gainesville ☐ Lake City ☐ Tallahassee

What days of the week and times do you anticipate that you will be available for the externship?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Mornings ☐ Afternoons

Are there any limitations to your anticipated schedule, such as times that you know you will not be available? ☐ YES ☐ NO

If yes, what are they?

### INTERESTS AND GOALS

Describe what you would like from an externship at our facility. What experiences are you interested in obtaining?

**Please send the completed form eight weeks prior to the start of your desired cycle to:**

***Elizbeth P. Dizney, PsyD***

Director, Psychology Training Program (116B)

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Mental Health Wellness Center

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