**Southeast Louisiana Veterans Health Care System (SLVHCS)**

 **Externship Readiness Form**

**Instructions to the Student:** Please complete the top portion of this form and have the director of training of your academic program complete the bottom section. Please note that you will need to complete this document electronically. Directions for electronically submitting a completed form are in the Instructions to the Director of Training section below.

|  |  |
| --- | --- |
| Student Name: Click here to enter your name.  | Date: Click here to enter a date. |

Director of Training’s Name: Click here to enter your advisor’s name.

Student’s Level of Training: Choose level of training.

Other: Click here to enter explanation if you selected “other” for level of training.

Student’s Previous Externship Experience: Choose previous externship experiences.

Further details (optional): Click here to enter details regarding previous externship experiences.

Student’s Externship Interests (Click each box below that applies):

[ ]  Evidenced-Based Therapy [ ]  Psychological Assessment [ ]  Cognitive Assessment

[ ]  Health Psychology [ ]  Inpatient [ ]  Trauma/PTSD

[ ]  Community Clinic [ ]  Rural Health [ ]  Women’s Health

[ ]  Research [ ]  Other (e.g. program evaluation)

**Instructions to the Director of Training:** Please review the information above and complete the section below electronically. Please submit the completed form to Christopher.Parkinson@va.gov from your academic email address (in lieu of signature).

Director of Training’s Assessment of Student Readiness for VA Externship:

Choose student’s level of readiness.

Further details (optional): Click here to enter further details.

I, Click here to enter your name, have reviewed the information above provided by the student indicated in this form and agree that it is accurate to the best of my knowledge.

Thank you for your interest in externship training at the SLVHCS!