

# CLINICAL COMPETENCE EXAMS 2011

## READINESS FORM

Please indicate your intentions regarding the 2011 CCE exams by submitting this form (two pages) to the Training Office by **March 18<sup>th</sup>**. You may slip your forms under the Training Office door during hours when the Training Office is closed. Requests for any accommodations in taking the CCE must be submitted in writing along with this form.

Student: \_\_\_\_\_ Semester & Year entered the PsyD Program: \_\_\_\_\_

I am applying to take CCE in Summer of 2011 as:  Initial Examination  Re-Examination

I do not plan to take the CCE this academic year: (please explain): \_\_\_\_\_

I have (or expect to have) successfully completed all of the following requirements by the end of the Spring 2011 Semester: (If you are missing coursework due to scheduling problems, email Dr. Mason describing your situation and explaining your plans to take the course (i.e. when?). Indicate the same information below, next to the course in question, and then sign this form. Dr. Mason will notify you of her decision.)

- |  |  |
|--|--|
| <input type="checkbox"/> PP326 Clinical Psychopharmacology or<br>PP7360 Clinical Psychopharmacology  | <input type="checkbox"/> PP513 Child and Adolescent Development or<br>PP7010 Life Span Development                       |
| <input type="checkbox"/> PP340 Psychoanalytical Theory and Psychotherapy or<br>PP8030 Psychodynamic Theory and Therapy   | <input type="checkbox"/> PP514 or PP380 Child and Adolescent Psychopathology or<br>PP7300 Psychopathology I              |
| <input type="checkbox"/> PP345 Cognitive Behavioral Theory and Therapy or<br>PP8010 Cognitive-Behavioral Theory and Therapy  | <input type="checkbox"/> PP531 Group Psychotherapy or<br>PP8060 Group Psychotherapy                                      |
| <input type="checkbox"/> PP357 Adult Psychopathology I or<br>PP7300 Adult Psychopathology I  | <input type="checkbox"/> PP532 Family and Marital Therapy or<br>PP8050 Family & Couple Therapy                           |
| <input type="checkbox"/> PP358 Adult Psychopathology II or<br>PP7301 Adult Psychopathology II  | <input type="checkbox"/> PP555 Professional Ethics and Conduct or<br>PP7100 Professional Issues: Ethics, Conduct and Law |
| <input type="checkbox"/> PP387 Alcoholism and Chemical Dependencies or<br>PP8650 Assessment and Treatment of Substance Use<br>Disorders  | <input type="checkbox"/> PP494, 495, 496 Practicum I A, B, C or<br>PP8201 Practicum I                                    |
| <input type="checkbox"/> PP460 Issues in the Assessment & Treatment of Racially<br>Diverse Populations or<br>PP7340 Issues in the Assessment & Treatment of Diverse<br>Populations | <input type="checkbox"/> PP497, 498, 499 Practicum Seminar I A, B, C or<br>PP8202 Practicum II                           |
| <input type="checkbox"/> PP457 Assessment: Battery or<br>PP7373 Integrative Assessment   | <input type="checkbox"/> PP680, 681, 682 Practicum II A, B, C or<br>PP8203 Practicum III                                 |
|  | <input type="checkbox"/> PP683, 684, 685 Practicum Seminar II A, B, C or<br>PP8204 Practicum IV                          |

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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**For Office Use Only:**

- This document, along with a transcript, has been reviewed by the Training Office and this student **meets** the CCE required coursework eligibility requirements.
- This document, along with a transcript, has been reviewed by the Training Office and this student **is missing** the following CCE required coursework: \_\_\_\_\_

Training Office Signature \_\_\_\_\_ Date \_\_\_\_\_

EXAM SCHEDULING INFORMATION

Please print very neatly.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Argosy Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Treatment Modality:       Adult       Child       Family       Couple

Primary Theoretical Orientation used:

- Psychodynamic
- Humanistic/Person-Centered
- CBT
- Family Systems
- Narrative
- Behavioral
- Brief
- DBT

Name of your CRP Chair if you already have one: \_\_\_\_\_

Names of your Practicum III and Practicum IV Seminar Instructors:

PRACT. III: \_\_\_\_\_ PRACT. IV: \_\_\_\_\_

What exact days and times are you serving at your Practicum site? (Give exact day and time parameters and please specify when exactly you are seeing patients.)

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special needs or requests relative to the exam? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please complete this form (two pages) and return it to the front Reception Desk by Friday , March 18<sup>th</sup> .

The assignment of your exam panel, date & time will be sent to you via your Argosy E-mail. Be sure to check it regularly (and often) for updated information about the exams and for general program related communications.