



Sacramento County
Department of Health Services
Division of Behavioral Health Services
CLINICAL TRAINEE APPLICATION

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

I attest that I, \_\_\_\_\_, am a trainee at an accredited college or university participating in a field placement at this agency. I understand that I may provide services similar to an LPHA, except for the privilege of co-signing for other staff throughout this placement.

Name of College/University: \_\_\_\_\_

Medical Student Clinical Clerkship (Physician Clinician Trainee). I attest that I am attending a medical school and participating in a clerkship or rotation to become a Medical Doctor (MD) or Doctor of Osteopathy (DO). I understand that all my documentation must be co-signed by a Licensed Physician.

Psychological Clinical Trainee. I understand that all my documentation must be signed by a Licensed Psychologist or Licensed Physician.

Master's Degree Clinical Trainee. I understand that all of my documentation must be signed by a licensed individual of the same discipline or higher.

Initial internship with this agency begins on \_\_\_\_\_ and ends on \_\_\_\_\_
Date Date

QM Approves Start Date \_\_\_\_\_ and End Date \_\_\_\_\_
Date Date

Expected graduation date \_\_\_\_\_
Date

Clinical Supervisor's Name \_\_\_\_\_ Discipline/License# \_\_\_\_\_

Taxonomy Number \_\_\_\_\_

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

Clinical Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Approval: Rolanda Adams, LCSW, Quality Management Services