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## CHILD/ADOLESCENT PSYCHOLOGY EXTERNSHIP

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Graduate school: \_\_\_\_\_

APA accredited: yes \_\_\_ no \_\_\_ Current year at graduate school: \_\_\_\_\_

Name graduate courses taken in psychological testing and in psychotherapy:

Name former externship settings (and internship setting, if relevant) and the nature of your clinical work at those sites (additional pages may be used):

With this application, please include your CV and a copy of a psychological testing report concerning a child or teenager whom you have tested. Also arrange to have two letters of recommendation sent as soon as possible. Your graduate school must send a letter confirming that you are a student in good standing. Accepted applicants must also submit proof of liability insurance coverage, both their own and their school's umbrella coverage, with William Alanson White named as additional insured.

Mail application materials to:

Daniel Gensler, Ph.D.  
Child and Adolescent Externship Director  
William Alanson White Institute  
20 West 74th Street  
New York, NY 10023  
516 606 6373