



**CCHPTP**  
Council of Clinical Health  
Psychology Training Programs

## **Application for Individual Student Membership**

Individual Student's Name: \_\_\_\_\_

Pronoun  She/Her  He/His  They/Them

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

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Student Status  Doctoral  Internship  Postdoctoral

Specialty:  Clinical  Counseling  School

Educational Institution attending or where degree acquired (university, department, city/town)

\_\_\_\_\_

Current Professional Title/Position \_\_\_\_\_

Please Describe Your Current Interest and or involvement in Training in Clinical/Counseling  
Health Psychology

Best characterization of extent of *health psychology training* in the program:

**Major Area of Study** \_\_\_\_\_ (highest level of education and training opportunity in clinical health, includes expectations for acquisition of knowledge through didactics, practical training, direct service, and research and scholarship).

**Emphasis** \_\_\_\_\_ (structured, in-depth opportunity for knowledge acquisition, practical experience, and scientific study in clinical health)

**Experience** \_\_\_\_\_ (beyond acquainting a student with a specialty but allows more acquisition of clinical health psychology knowledge in clinical health)

**Exposure** \_\_\_\_\_ (acquainting student with clinical health psychology in clinical health),

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Signature

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Date

**Annual Student Fees: Free**

Please save this completed application and return to the Secretary-Treasurer of CCHPTP

**John Sellinger, Ph.D., Treasurer**  
38 Bunker Hill Road  
Guilford, CT 06437

jsellingerct@gmail.com