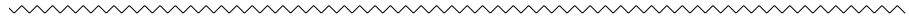




**Law & Mental Health Associates, Inc.**

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**PSYCHOLOGY EXTERNSHIP TRAINING PROGRAM**

**Application Cover Sheet**

(Please Print Clearly)

Applicant Information
Name:
Address:
Phone Number:
Email Address:

Program Information
Name of University/Program:
Current Year in Program: ____ 2 <sup>nd</sup> ____ 3 <sup>rd</sup> ____ 4 <sup>th</sup> ____
Degree Being Pursued: ____ M.A. ____ Ph.D. ____ Psy.D.
Director's Name:
Director's Email Address:
Director's Phone Number: