# **Counseling Associates**

# **Practicum/Internship Application When you have completed this application, please save it. Then submit it as an attachment in an email to: internship@ca-mh.com**

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| **TRAINEE INFORMATION** |  | **SCHOOL INFORMATION** |
| **Name:** |  | **School:** |
| **Date of Birth:** |  | **Program (e.g., SW, CMHC, PsyD):** |
| **Phone:** |  | **Expected Graduation Date:** |  |
| **Email:** |  | **Year in Program: \_\_\_\_\_\_ of \_\_\_\_\_\_\_** |
| **Home Address:** |  | **School Supervisor:** |
| **Mailing Address:** |  | **Supervisor Phone:** |
|  |  | **Supervisor Email:** |

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| **PRACTICUM (if applicable)** |  | **INTERNSHIP (if applicable)** |
| **Start Date:** |  | **Start Date:** |
| **End Date:** |  | **End Date:** |
| **Required Hours Per Week:** |  | **Required Hours Per Week:** |
| **Total Required Hours:** |  | **Total Required Hours:** |
| **Total Required Direct Hours:** |  | **Total Required Direct Hours:** |
| **School Activity Requirements:**  Video recordings [#: \_\_\_\_\_\_\_]  Process notes[#: \_\_\_\_\_\_\_]  Site visits[#: \_\_\_\_\_\_\_]  Assessments/Evals[#: \_\_\_\_\_\_\_\_]  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **School Activity Requirements:**  Video recordings [#: \_\_\_\_\_\_\_]  Process notes[#: \_\_\_\_\_\_\_]  Site visits[#: \_\_\_\_\_\_\_]  Assessments/Evals[#: \_\_\_\_\_\_\_\_]  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **AVAILABILITY** | |
|  | **\*Ideal Start Date:** | **\*Expected End Date:** |
|  | **M T W R F**  **Days Available for Internship:**  **Hours Available for Internship: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_** | |

***\*Note: Include entire training period (e.g., all practicum and internships combined).***

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| **ADDITIONAL QUESTIONS** |
| **How did you hear of us?** |
| **Why do you want to intern with us?** |
| **What are your training goals?** |
| **What are your future career goals?** |
| **What previous experiences do you feel will benefit you during your placement?** |
| **What experiences would you like to gain during your training with us?** |
| **What experience do you have working with different age groups?** |

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| **PROFESSIONAL REFERENCES** |
| **Names, phone numbers, & emails of the persons completing the reference forms** |
| **1.** |
| **2.** |
| **3.** |

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| **RELEVANT COURSES** | |
| **Please list all courses you will have completed in your current program (before the start of this placement).** | |
| **COURSE** | **DATE COMPLETED** |
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| **RELEVANT ASSESSMENTS/EVALUATIONS** |
| **Please list assessment measures you have received training to administer, score, and interpret (if applicable).** |
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