

PSYCHOLOGY INTERNSHIP APPLICATION



2025-2026 Training Year Counseling Associates Psychology Internship Program

Personal Information

| | | | |
|-----------------|----------------------------------------------|-----------|----------------------|
| Full Name: | <input type="text"/> | Pronouns: | <input type="text"/> |
| Preferred Name: | <input type="text"/> | D.O.B: | <input type="text"/> |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |
| Address: | <input type="text"/> <input type="text"/> | | |

Academic Information

| | | | |
|-------------------------------------|----------------------|-----------------------|-------------|
| University Name & Location | <input type="text"/> | | |
| Degree Type | <input type="text"/> | | |
| Department Name | <input type="text"/> | | |
| Program Accreditation | <input type="text"/> | | |
| Director of Internship Name & Email | <input type="text"/> | | |
| Current Academic Year | <input type="text"/> | | |
| Expected Completion Date | <input type="text"/> | | |
| Comprehensive Exams | Passed | Failed | In-Progress |
| Dissertation Status | Proposal Approved | Dissertation Defended | |

Clinical Experience

| | |
|------------------------|--|
| Total Practicum Hours | |
| Total Direct Hours | |
| Total Assessment Hours | |

Total Number of Assessment Batteries with Written Reports Completed: _____

Internship Interests

| | | | |
|------------------------------------|------------|-------|-------------------------|
| Clinical Track: | Generalist | Adult | Child/Adolescent/Family |
| Preferred Primary Office Location: | | | |

Please provide a brief summary of clinical populations worked with (e.g., age ranges, presenting issues):

Briefly describe your long term career goals:

Ethics & Professional Conduct

| | |
|-----------------------------------------------------------------------------------------------------------------|--|
| Have you ever been subject to disciplinary action in your program? <i>If yes, please provide explanation</i> | |
| Have you ever been dismissed from a training site? <i>If yes, please provide explanation</i> | |
| Are you willing to submit a background check? <i>*Required prior to start date</i> | |

I affirm that the information provided in this application is complete and accurate to the best of my knowledge. I understand that providing false or misleading information, or omitting relevant details, may impact my eligibility for this internship or result in dismissal if discovered after placement.

I agree to notify the internship program if there are any significant changes to the information I've provided.

Applicant Signature:

Date:

**Director of Internship
Signature:**

Date:

Please email your **completed application**, along with your **curriculum vitae (CV)**, **graduate transcript(s)**, **three letters of recommendation** (at least one from a primary supervisor), and **cover letter** detailing your training goals to CAPIP's Training Program Administrator:

Katie Isabelle

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