

PSYCHOLOGY INTERNSHIP APPLICATION



2026-2027 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

kisabelle@ca-mh.com

(603) 865-1321