counseling associates

Master's Practicum/Internship Program Application

Student Information		**School Information**	
Student Name:		School:	
Email:		Program:	
Phone:		Yr in Program:	of
Home Address:		Expected Graduation Date:	
Mailing Address:	☐ same as above	School Supervisor: Supervisor Email: Supervisor Phone:	
Practicum Information (if applicable)		**Internship Information**	
Start Date:		Start Date:	
End Date:		End Date:	
Required Hours/Week		Required Hours/Week	
Total Required Hours/Term		Total Required Hours/Term	
Total Required Direct/Contact Hours/Term:		Total Required Direct/Contact Hours/Term:	
School Activity Requirements		School Activity Requirements	
Video Recordings:	#	Video Recordings:	#
Process Recordings:	#	Process Recordings:	#
Site Visits:	#	Site Visits:	#
Assessments/Evals:	#	Assessments/Evals:	#
Other (please specify):		Other (please specify):	

Scheduling & Availability	
Ideal Practicum/Internship Start Date:	
Ideal Internship End Date:	
Schedule Availability (9am-5pm):	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Notes:	
**please include availability for entire training period including both practicum & internship, if applicable*	
NH Location Availability: ☐ New London ☐ Claremont ☐ Upper Valley/Hanover ☐ Plymouth ☐ Concord ☐ Keene	
Notes:	

Additional Questions	
How did you learn about this program?	
Why do you want to apply to this program?	
What training & learning goals do you have for internship?	
What are your future career goals?	
What experience do you feel will benefit you in this placement?	
What experiences do you hope to gain during this placement?	
What experience do you have working with different age groups?	
What relevant coursework will have completed prior to the start of your training?	☐ Counseling Skills ☐ Diagnosis & Assessment ☐ Counseling Theory ☐ Human Development Other:

References			
Please provide the name and contact information for the 3 individuals who will be providing references for you. Please			
Name	Relationship/Role	Email	Telephone