



Counseling Associates Practicum Application

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

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

PRACTICUM INFORMATION
Start Date:
End Date:
Required Hours Per Week:
Total Required Hours:
Total Required Direct Hours:
School Activity Requirements: <input type="checkbox"/> Video recordings #: _____ <input type="checkbox"/> Process notes #: _____ [#: _____] <input type="checkbox"/> Site visits _____ <input type="checkbox"/> Assessments/Evals #: _____ Specify: _____ _____ <input type="checkbox"/> Other (specify): _____



AVAILABILITY

*Ideal Start Date:

*Expected End Date:

	M	T	W	R	F
Days Available for Practicum:	<input type="checkbox"/>				

Hours Available for Practicum: _____

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

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?



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



Counseling Associates
New London, Newport, Claremont & the Upper Valley

RELEVANT ASSESSMENTS/EVALUATIONS

Please list assessment measures you have received training to administer, score, and interpret (if applicable).

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