



Trainee Information	
Name:	
Date of Birth	
Phone:	
Email:	
Home Address:	
Mailing Address:	

SCHOOL INFORMATION	
School:	
Program (e.g., SW, CMHC, PsyD):	
Expected Graduation Date:	
Year in Program:	
School Supervisor:	
Supervisor Phone:	
Supervisor Email:	

PRACTICUM INFORMATION	
Start Date:	
End Date:	
Required Hours Per Week:	
Total Required Hours:	
Total Required Direct Hours:	
School Activity Requirements: <div> <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): _____ </div>	



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AVAILABILITY

*Ideal Start Date:

*Expected End Date:

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



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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).

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