



## Application for Practicum, Traineeship, or Internship

Applicant's Name:	
Street Address	
Apartment #	
City:	
State/Zip:	
Home Phone Number	
Business Phone Number	
Mobile Phone Number	
e-mail:	

**Applying for: (Please Circle)**

MFT Trainee	MFT Intern	MSW Intern	Practicum (doctoral)	Pre Doctoral Intern	Post Doctoral Intern	Other
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**Track Applying For: (Please Circle)**

Adult	Mindful Parenting	ACT Program (School Based)		
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License You are Working Toward	MFT	LCSW	Licensed Psychologist
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Graduate School	
Program	
Graduation (Anticipated) Date	
Current Year Level	
Street Address	
City	
State/Zip	
Phone	
Director of Field Placement	
Date Available to Begin TMCC	
Registration Number if applicable	

Have you ever received disciplinary action, been placed on probation, or terminated from an academic setting or clinical site? \_\_\_\_ If yes, please attach explanation of circumstances

Have you ever been convicted of a felony or reported for sexual misconduct with a child or an adult? \_\_\_\_ If yes, please attach an explanation of circumstances.

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## PREVIOUS EXPERIENCE

Number of hours: children \_\_\_\_\_ adults \_\_\_\_\_ couples \_\_\_\_\_ families \_\_\_\_\_ groups \_\_\_\_\_

LANGUAGES SPOKEN in which you are fluent enough to provide therapy. \_\_\_\_\_

PERSONAL -- Please attach responses to the following questions.

1. What are your long term professional goals?
2. Why are you interested in and what do you expect from a clinical experience at **The Maple Counseling Center**?
4. Please attach an autobiographical statement focused on how life experiences have influenced your own development and relationship to self and others.

## OTHER ATTACHMENTS

- Please attach a resume.
- Please provide three professional References (supervisors are preferred)
- Please send in official graduate school transcript.
- Please send in a copy of your graduate school degree or a letter from your graduate school, stating that you are in good standing and eligible for traineeship, practicum, or internship.