



### Internship Application

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

**Applying for: (Please Check)**

MFT Trainee	MFT Intern	MSW Intern	Practicum (doctoral)	Pre Doctoral Intern	Post Doctoral Intern	Other
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**Program you are applying for: (Please Check)**

Adult	Mindful Parenting	ACT Program (School Based)
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License You are Working Toward	MFT	LCSW
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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 been terminated from an academic setting or clinical site? ____ If yes, please attach explanation of circumstances
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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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## The Maple Counseling Center

### 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. What do you hope to gain from a clinical experience at The Maple Counseling Center?
3. 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 two professional references (supervisors are preferred).
- Please send in a copy of your graduate degree or a letter from your graduate school, stating that you are in good standing and eligible for traineeship or internship.