

Internship Application for Trainees, Associates and Social Work Students

Street Address							
Apartment #							
City:							
State/Zip:							
Mobile Phone Number							
Home Phone Number							
Work Phone Number							
e-mail:							
Applying as:							
MFT Trainee PCC Train	nee 🗖 AMF	T 🗖	APCC □	ACSW	□ Soc	ial Work	Student
Associate # (if applicable):							
License You are Working	ng Toward		LMF		LCSW		LPCC
Program you are applying for (Select one): Adult Program							
Adult Program	Adolescent F	Progran		☐ Child	& Family	Therap	y Program 🗖
Adult Program Start Date / Internship C	Adolescent F ohort Applyi	Progran			& Family	•	
Adult Program	Adolescent F ohort Applyi	Progran			& Family	•	y Program st
Adult Program Start Date / Internship C January (Adult 0	Adolescent F ohort Applyi	Progran			& Family	•	
Adult Program Start Date / Internship C January (Adult C	Adolescent F ohort Applyi	Progran			& Family	•	
Adult Program Start Date / Internship C January (Adult C Graduate School Program	Adolescent F ohort Applyi Only)	Progran			& Family	•	
Adult Program Start Date / Internship Company January (Adult Company) Graduate School Program Graduation Date (Actual/	Adolescent F ohort Applyi Only)	Progran			& Family	•	
Adult Program Start Date / Internship Company (Adult Company (Adult Company) Graduate School Program Graduation Date (Actual/Courrent Year Level	Adolescent F ohort Applyi Only) Anticipated)	Progran			& Family	•	
Adult Program Start Date / Internship Company Graduate School Program Graduation Date (Actual/Courrent Year Level Director of Field Placer	Adolescent F ohort Applyi Only) Anticipated)	Progran			& Family	•	
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Adult Program Start Date / Internship Company Graduate School Program Graduation Date (Actual/ Current Year Level Director of Field Placer Director of FP Phone #	Adolescent F ohort Applyi Only) Anticipated)	Progran			& Family	•	

Children / Adolescents Individual Adults Couples Families Groups Are you presently in, or have you been in, your own personal psychotherapy? Yes □ No□ Please enter the dates of your therapy			
Have you ever been convicted of a felony, or reported for sexual misconduct with a child or an adult? Yes No If yes, please attach an explanation of circumstances. PREVIOUS CLINICAL EXPERIENCE Number of clinical hours working with: Children / Adolescents Individual Adults Couples No Individual Adults No Please enter the dates of your therapy No Individual Adults No Individu		placed on probation,	or terminated from an
adult? Yes No If yes, please attach an explanation of circumstances. PREVIOUS CLINICAL EXPERIENCE Number of clinical hours working with: Children / Adolescents Individual Adults Couples No Are you presently in, or have you been in, your own personal psychotherapy? Yes No Please enter the dates of your therapy No LANGUAGES SPOKEN in which you are fluent enough to provide therapy.	If yes, please attach explanation of circumstances		
adult? Yes No If yes, please attach an explanation of circumstances. PREVIOUS CLINICAL EXPERIENCE Number of clinical hours working with: Children / Adolescents Individual Adults Couples No Are you presently in, or have you been in, your own personal psychotherapy? Yes No Have you ever been a client at Maple Counseling? Yes No LANGUAGES SPOKEN in which you are fluent enough to provide therapy.			
PREVIOUS CLINICAL EXPERIENCE Number of clinical hours working with: Children / Adolescents Individual Adults Couples Families Groups Are you presently in, or have you been in, your own personal psychotherapy? Yes	1	rted for sexual miscon	duct with a child or an
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Are you presently in, or have you been in, your own personal psychotherapy? Yes No Please enter the dates of your therapy Have you ever been a client at Maple Counseling? LANGUAGES SPOKEN in which you are fluent enough to provide therapy.	Number of clinical hours working with:		
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Please enter the dates of your therapy			
LANGUAGES SPOKEN in which you are fluent enough to provide therapy.			
	Have you ever been a client at Maple Counseling?	Yes □	No 🗖
	LANGUAGES SPOKEN in which you are fluent enough	to provide therapy.	
AUTOBIOGRAPHICAL STATEMENT Please attach responses to the following questions.	,		
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What are your long term professional goals?			

- 2. Why are you interested in and what do you expect from a clinical experience at Maple Counseling?
- 3. How have life experiences influenced your own development and your relationship to self and others?

OTHER ATTACHMENTS

- Your resume
- Two professional letters of reference (supervisors are preferred)
- Official graduate school transcript and 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 and/or practicum.

Please submit this application and all supporting documents to: internprogram@tmcc.org