



CLINICAL INTERNSHIP APPLICATION

Full Name:	
Current Address:	
Phone Number:	
Email Address:	
Languages Spoken:	

Emergency Contact Name:	
Phone Number:	
Relationship:	

EDUCATIONAL HISTORY

University	Degree Earned	Year Earned (Or Expected)

Internship Track (<i>check all that apply</i>)					
LPC	LMFT	LP	LSSP	LMSW	LCSW

PRIOR CLINICAL EXPERIENCE

<p>Provide explanation on your prior clinical experiences prior to internship; if you have previously and/or are currently in practicum, please share your practicum instructor's name/email and doctoral supervisor, if applicable.</p>

REFERENCES

Name	Email	Phone	Affiliation	Years Known



CLINICAL INTERNSHIP APPLICATION

CRIMINAL HISTORY

Have you ever been arrested for, charged with, or convicted of a felony or misdemeanor in the United States? Do not include minor traffic violations that only resulted in a fine, unless it was alcohol or drug related.

Yes, please explain below. No.

AVAILABILITY AND THERAPY EXPERIENCE

Specialty Track *(check all that apply)*

Families Adults Adolescents Children Group

Do you have any experience with Play Therapy?

Yes. No.

Do you have any experience with or have you taken classes in Group Counseling?

Yes. No.

What psychological/counseling theory do you practice from? Please explain.

Describe the electives you have taken.



CLINICAL INTERNSHIP APPLICATION

Semesters Available (<i>check all that apply</i>)			
Fall	Spring	Summer	Other:

Availability
List the days (Monday through Wednesday 8:30am-8:30pm; Thursday 8:30am-6:30pm; Friday (8:30am-5:30pm) and hours you will be available as best you can. Please consider that the majority of our clients are seen at 4PM or later Monday through Thursday. Use space below to explain any comments or concerns regarding your schedule. Interns must be available Wednesdays 12:00-2:00pm for weekly group supervision.

Monday	Tuesday	Wednesday	Thursday	Friday

Describe your areas of strength.

Describe your areas for growth.



CLINICAL INTERNSHIP APPLICATION

Is there anything else you would like to share with us about your personal history?

--

I hereby acknowledge and understand that with the completion of this application, I give my permission to the JFS Dallas and to its authorized agents to use any and all means to verify the information in this application. This includes the accessing of information with regards to criminal history, employment history and other information that may be appropriate to my qualifications regarding the internship program.

Yes. No.

I further understand that the JFS Dallas has the right to review this application's subsequent information unconditionally, accept or reject my application for internship program placement, and to terminate my internship program placement at any time, and that upon termination, I will return any and all property issued to me by this agency.

Yes. No.

**Applicant
Signature:**

--

Date:

--