



Internship Application for Trainees, Associates and Social Work Students

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

Applying as:

MFT Trainee <input type="checkbox"/>	PCC Trainee <input type="checkbox"/>	AMFT <input type="checkbox"/>	APCC <input type="checkbox"/>	ACSW <input type="checkbox"/>	Social Work Student <input type="checkbox"/>
--------------------------------------	--------------------------------------	-------------------------------	-------------------------------	-------------------------------	--

Associate # (if applicable): _____

License You are Working Toward	LMFT <input type="checkbox"/>	LCSW <input type="checkbox"/>	LPCC <input type="checkbox"/>
---------------------------------------	-------------------------------	-------------------------------	-------------------------------

Program you are applying for (Select one):

Adult Program <input type="checkbox"/>	Adolescent Program (ACT) <input type="checkbox"/>	Child & Family Therapy Program <input type="checkbox"/>
--	---	---

Start Date / Internship Cohort Applying For:

January <input type="checkbox"/> (Adult Only)	June <input type="checkbox"/> (Adult Only)	August <input type="checkbox"/>
---	--	---------------------------------

Graduate School	
Program	
Graduation Date (Actual/Anticipated)	
Current Year Level	
Director of Field Placement	
Director of FP Phone #	
School Street Address	
School City	
School State/Zip	

Have you ever received disciplinary action, been placed on probation, or terminated from an academic setting or clinical site? Yes No

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? Yes No

If yes, please attach an explanation of circumstances.

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 No

Please enter the dates of your 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.

1. 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