



## Internship Application for Trainees, Associates and Social Work Students

<b>Applicant Name:</b>	
<b>Preferred Name</b> (for use at Maple):	
<b>Street Address/Apt #</b>	
<b>City:</b>	
<b>State/Zip:</b>	
<b>Mobile Phone Number</b>	
<b>Home Phone Number</b>	
<b>Work Phone Number</b>	
<b>e-mail:</b>	

**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"/>
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**Associate #** (if applicable): \_\_\_\_\_

<b>License You are Working Toward</b>	LMFT <input type="checkbox"/>	LCSW <input type="checkbox"/>	LPCC <input type="checkbox"/>
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**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"/>
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**Start Date / Internship Cohort Applying For:**

January <input type="checkbox"/>	June <input type="checkbox"/> (Adult Only)	August <input type="checkbox"/>
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<b>Graduate School</b>	
<b>Program</b>	
<b>Graduation Date</b> (Actual/Anticipated)	
<b>Current Year Level</b>	
<b>Director of Field Placement</b>	
<b>Director of FP Phone # &amp; Email</b>	
<b>School Street Address</b>	
<b>School City</b>	
<b>School State/Zip</b>	

**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 letters of recommendation from individuals familiar with the candidate's academic or clinical background
- 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**