



## Application for Internship

**Date:**

### Student Contact Information:

<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	
<b>Email:</b>	
<b>Additional Languages Spoken:</b>	<b>Degree of Fluency:</b>

### Academic Information:

<b>Current University:</b>	<input type="checkbox"/> Bachelor's <input type="checkbox"/> 1st yr Master's <input type="checkbox"/> 2nd yr Master's <input type="checkbox"/> Other:
<b>Degree Program:</b>	<b>Specialty Track:</b>
<b>Desired Internship Start Date:</b>	<b>Desired Internship End Date:</b>

### Placement Director Contact Information:

<b>Name:</b>	<b>Phone:</b>
<b>Email:</b>	

### Internship Requirements:

<b>Clinical Supervisor Degree/Licensure Needed:</b>
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**Number of Hours Required at Jefferson Center (Do Not Include Hours to be Received at the University):**

<b>Direct Client Hours:</b>	<b>Indirect Hours:</b>
<b>One-On-One Supervision Hours Per Week:</b>	<b>Group Supervision Hours Per Week (if required):</b>

<b>Additional Requirements for Placement (if any):</b>
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<b>How Many Total Hours Per Week Are You Available:</b>	
<b>Check Days Available:</b>	<b>List Hours Available:</b>
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	

<b>Interests / Preferred Populations:</b>
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**Security:**

<b>Have You Ever Been Convicted on Any Law Violation? (Include Any “Guilty” or “No Contest” pleas. Exclude Minor Traffic Violations.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, Please Provide Details:</b>
<b>Have You Ever Lost Privileges, Had Privileges Limited, or Had Any Disciplinary Actions Made Against You in a Health Care Setting?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, Please Provide Details:</b>

**References:**

Please list 3 references including at least one from your university and one from a counseling-related workplace, if applicable. No personal references please.

Name	Phone	Email	Relationship

For more information about Jefferson Center programs and services, please review our website at <http://www.jcmh.org/services/>.

Email application with a letter of interest and your resume to: Brandi Cordova, LPC, Clinical Intern and Training Manager: [BrandiC@jcmh.org](mailto:BrandiC@jcmh.org).

Once all paperwork has been received, application materials will be sent to appropriate clinical supervisors for their consideration. Supervisors will contact students for interviews and possible placements.

**Questions? Please email Brandi Cordova at [BrandiC@jcmh.org](mailto:BrandiC@jcmh.org)**