

## Intern Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (other) \_\_\_\_\_

Email: \_\_\_\_\_

Applying for internship/practicum: Year \_\_\_\_\_  Fall  Spring  Summer

Reason for applying:  Required internship for program  
 Required practicum for program  
 Requirement for class  
 Other \_\_\_\_\_

Required number of hours: Direct \_\_\_\_\_  
Indirect \_\_\_\_\_  
Either \_\_\_\_\_  
 Not applicable

### Education

College/University:  UTRGV  Other \_\_\_\_\_

Earned degree(s): \_\_\_\_\_

Current program:  Counseling/Guidance  Clinical Psychology  Rehabilitation Counseling  
 Social Work  Other \_\_\_\_\_

Coursework topics **completed**:  Counseling theory  Counseling Methods  Diagnostics/Interviewing  
 Abnormal psychology  Assessment (cognitive)  Assessment (Personality)  
 Other clinical/counseling topics \_\_\_\_\_

Coursework topics **in progress**:  Counseling theory  Counseling Methods  Diagnostics/Interviewing  
 Abnormal psychology  Assessment (cognitive)  Assessment (Personality)  
 Other clinical/counseling topics \_\_\_\_\_

Internship/practica completed:

Location _____	Dates from _____	to _____	
Type of Training: (Check all that apply)	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> School Counseling	<input type="checkbox"/> Mental Health Assessment
	<input type="checkbox"/> Psychoeducation Assessment	<input type="checkbox"/> Other _____	

Location _____	Dates from _____	to _____	
Type of Training: (Check all that apply)	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> School Counseling	<input type="checkbox"/> Mental Health Assessment
	<input type="checkbox"/> Psychoeducation Assessment	<input type="checkbox"/> Other _____	

Location _____	Dates from _____	to _____	
Type of Training: (Check all that apply)	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> School Counseling	<input type="checkbox"/> Mental Health Assessment
	<input type="checkbox"/> Psychoeducation Assessment	<input type="checkbox"/> Other _____	

Relevant work experience

Location _____	Dates from _____	to _____	
Type of Work: (Check all that apply)	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> School Counseling	<input type="checkbox"/> Mental Health Assessment
	<input type="checkbox"/> Psychoeducation Assessment	<input type="checkbox"/> Other _____	

Location _____	Dates from _____	to _____	
Type of Work: (Check all that apply)	<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> School Counseling	<input type="checkbox"/> Mental Health Assessment
	<input type="checkbox"/> Psychoeducation Assessment	<input type="checkbox"/> Other _____	

Professional credentials (if any): \_\_\_\_\_

**References**

*Please list two professional references, with at least one being a supervisor or professor/lecturer*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_