

Application for Practica, Internships, and Fellowships

(Please type all responses)

1. Name: _____
Last First Middle

Mailing Address: _____

2. Daytime Phone: () _____ Evening Phone: () _____

Email address #1: _____ #2: _____

3. Current Academic Program:

Name of Institution/School: _____

Program/Department: _____

Major: _____ Minor: _____

Degree Anticipated (*circle one*): M.A. M.Ed. M.S. M.S.W.

Ph.D. Psy.D. Ed.D.

Other: _____

Date Degree Anticipated: _____

4. Previous Education:

Institution Dates Attended Degree Awarded/Major

5. Status of completion of requirements for current program:

A. *Coursework*: Date completed or Anticipated Date of Completion: _____

B. *Comprehensive Examinations*: Date completed or anticipated: _____

C. *Dissertation Proposal*: Date approved or Anticipated Approval: _____

D. *Dissertation*: Date completed/accepted or Anticipated completion: _____

E. Proposed *Title* of Dissertation: _____

6. Relevant Applied Experience (e.g., practica, employments, volunteer work, etc.):

<u>Name of Facility/Setting</u>	<u>Population (outpatient, inpatient, adults, children, etc.)</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Describe any experience you have leading or conducting group therapy/counseling:

8. Describe any workshops, seminars or other programs you have designed and/or implemented:

9. Describe what you perceive as your strengths and limitations as a developing professional:

Strengths:

Limitations:

10. List and describe any specific professional areas of interest or expertise you have (e.g., eating disorders, hypnosis, women's issues, psychotherapy research, trauma recovery, etc.)

11. Please list and succinctly describe three or more professionally relevant goals you would like to pursue during an internship or practicum placement:

12. In what ways do you imagine that an internship or practicum placement at CASAS might contribute to your pursuit of professional goals in your future?

13. Please list the name, title(s), and current telephone number(s) of your Director of Training or his/her equivalent in your academic program. Also, list the names, titles, and current telephone numbers of **two other persons** who are thoroughly familiar with your professional and/or academic work.

14. Have you ever been **arrested**?

YES__ NO__

If yes, please explain each instance/offense:

15. Have you ever been **convicted** of any offense aside from minor traffic infractions?

YES__ NO__

If yes, please explain:

16. Have you ever been **hospitalized** for a mental health issue?

YES__ NO__

If yes, please explain on a separate, attached sheet.

17. Do you have any history of any **mental health concerns** that are **not** successfully resolved/managed?

YES__ NO__

If yes, please explain on a separate, attached sheet.

18. Please describe **any** impediments you might have:

- that could negatively affect your capacity to effectively deliver counseling services, or
- that might lessen your ability to demonstrate responsible, orderly, conscientious personal or professional conduct:

20. Please list any courses or practica you will have completed by the beginning of the internship or practicum placement, but which will not appear on your transcripts:

21. Is there any additional information you believe we should be aware of in considering your application?

Send completed application materials to:

Attn:

Elizabeth Dixon, MA, LPC/S
Counseling and Substance Abuse Services
College of Charleston
175 Calhoun Street
Charleston, SC 29424
(843) 953-5640
Email: dixonej@cofc.edu