

Covenant Behavioral Health Internship Application

Name: _____ D.O.B _____
(Last) (FIRST) (MI)

Address: _____
(street) (City) (Zip)

Home Phone: (_____) _____ Work Phone: (____) _____

Email Address _____

IN CASE OF EMERGENCY CONTACT

Name _____ Relationship _____

Phone: Cell: _____ Home: _____

I am applying for the Fall Spring Summer Date Available to Start:

Dates _____

What year are you in? _____

What is your Major? _____

I am applying for: LPCC Intern MFT Intern MSW Intern

| | | | | |
|----------------------------------|------|-----|------|--------|
| License you are working towards: | LPCC | MFT | LCSW | Other: |
|----------------------------------|------|-----|------|--------|

| | |
|-----------------------------|--|
| Graduate School | |
| Program | |
| Director of Field Placement | |

Student Signature _____ Date _____

Completed by CBH staff

The Information above is verified and accurate to the best of my knowledge.

Staff Name: _____

Signature _____ Date: _____

INTERNSHIP APPLICATION FORM

Please respond to the questions below;

Why do you want to intern at Covenant Behavioral Health?

What are your Strengths/Experience?

Have you received disciplinary action, been placed on probation, or terminated from a academic or clinical site? If yes, please attach explanation

Languages Spoken:

Personal- Please attach responses to the following questions.

1. What are your long-term professional goals?
2. What do you expect from a clinical experience at Covenant Behavioral Health?
3. Please attach an autobiographical statement focused on how life experiences have influenced your own development and relationship to self and others.

Other Attachments:

Please attach a resume.

Please provide three professional References (supervisors are preferred)

Please send in official graduate school transcript.

Please send in 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, practicum, or internship.

Background check

Please Email application form and Resume to Tina Wilson at office@covenantbehavioralhealth.org.

If we feel that you are a good fit for CBH, you will be invited for a short interview and orientation.