



Internship Application

Name _____ Date _____

School _____

Email _____

Phone _____

Permanent Address _____

Are you legally eligible to work in the US? Yes No

Are you a veteran? Yes No

Have you ever been convicted of a felony? Yes No

If selected, are you willing to submit to a background check? Yes No

Education

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

Employment

Employer	Dates Employed	Job Title	Reason for Leaving

References

Name	Title	Company	Phone



Internship Information:

Desired Start Date: _____

Desired End Date: _____

Number of Hours Needed:

Supervision _____

Clinical Face-to-Face _____

Total _____

Overall GPA: _____

Credits Completed: _____



What kind of work would you like to do as an intern? What type of population or problem(s) interest you?

What skills, areas of expertise, or background do you possess that you can contribute?



THE
CENTER
for TRAUMA, STRESS AND ANXIETY

What knowledge or skills do you hope to acquire from your internship experience?

What are your future educational and career goals?