

Internship/Practicum Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Semester of interest: _____ Degree Level : BA/BS MA/MS

Please list Therapeutic Rec courses Taken: _____

Please list Psychology courses Taken: _____

Education

University: _____ Address: _____

From: _____ To: _____ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Degree: _____

References

Please list three professional/educational references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____
Job Title: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous supervisor for a reference? YES NO

Did you include a current resume? YES NO

Essay Questions

Please Answer the Following Questions

1. How did you first become aware of or interested in medically fragile children?

2. What are your career goals?

3. What do you hope to gain from your CMFM internship?

4. What strengths (skills or talents) would you bring to the CMFC program?

5. What are your expectations of an internship program?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to placement, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____