Internship/Practicum Application for Eastern Connecticut State University Counseling Service

Contact Information: Name:_____ Date: Address: Telephone Number: _____(Day) (Evening) Email Address:_____ **Program Information:** Graduate Institution: Name of Graduate Program:______ Degree granted by Program:______ Month/Year you began program:______ Training Program Contact (name and phone):_____ Educational and Professional Experience: (Please feel free to attach a resume that answers any of the questions below.) 1) Please list the courses that you have taken in either your current graduate program or in any other graduate program that involve clinical training or theory, e.g. "Gestalt Therapy", "Theories of Personality." Attach an additional sheet if necessary. Course Title Institution

2) Please list any professional experiences that you have had that you see as relevant to your training as a mental health professional. Please include, if applicable, the types of clients you worked with and what treatment modalities you used (individual therapy, case management, group therapy, family therapy, etc.). Attach an additional sheet if necessary.						
Date	Location	Position	Nature of client Contact			
year? Wh		nternship/practicum pla s would you like to have am?				
	you feel the training neet your internship,		ling Service at ECSU can			
	ould like, please atta be helpful for us to l	ich a sheet with any add know. Thank you.	litional information you			