



Envision Counseling Clinic Internship Application 2019-2020

Name _____ Today's Date _____

Home Address _____

Cell phone _____ Birth date _____

Email _____

Degree you are pursuing _____

School you are attending _____

School Clinical Director _____ Phone _____

Group Faculty Supervisor _____ Phone _____

Courses you have completed (as part of this degree):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Courses you have yet to complete (as part of this degree):

_____	_____
_____	_____
_____	_____
_____	_____

Are there any aspects of your life that may impair your ability to work as a registered psychotherapist (e.g. abuse of alcohol or drugs, difficult relationship, dual relationship with a client, etc)? If yes, say more: _____

Have you ever been under any form of probation or disciplinary action in the mental health field (including your schooling)? _____ If yes, please attach an explanation.

What areas of interest do you wish to pursue in your counseling career? _____

Would you like faith-based values to inform the process of your internship? Yes No



Please describe the meaning of your faith in your life. _____

What interests you about Envision Counseling Clinic? _____

What do you hope to gain from your internship? _____

What do you hope to contribute to your internship? _____

- I understand that this internship is a 12-month internship. I am willing to work from September 1, 2019 to August 31, 2020, even if my internship hours have been fulfilled. I understand that prematurely terminating this internship will result in a notation of such actions on any evaluation. _____ (initial your consent)
- I understand that I will not be able to text, engage in social media, and/or use the internet for personal use during my work hours. _____ (initial your consent)
- If I am a finalist in the interview process, I am willing to take the Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2) and submit to a background check prior to starting internship. _____ (initial your consent)
- I understand that an internship position at Envision Counseling Clinic does not guarantee an employment position. _____ (initial your consent)
- I understand that certain hours I work while my school is not in session may not be counted toward internship requirements (depending on your school's policy). Nevertheless, I also understand that I will continue to work at Envision Counseling Clinic during academic breaks. _____ (initial your consent)

Please submit this form by APRIL 30th, 2019 to: Dr. Veronica Johnson, Envision Counseling Clinic, 734 Wilcox St., Suite 202, Castle Rock, CO 80104 or email it to Veronica@EnvisionClinic.com. Include a cover letter and your most recent resume/vita with references.