

## Registered Intern Intake Form

Please provide the following information and answer the questions below. All information is confidential.

Today's Date: \_\_\_\_\_

Intern's Name: \_\_\_\_\_  
First Name Last Name

Registered Intern License Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address City State Zip

### Education/Licensure Information:

Master's in Social Work degree earned from: \_\_\_\_\_

Year of completion: \_\_\_\_\_

Have you already completed any hours toward licensure?  Yes  No

If yes, how many hours? \_\_\_\_\_ Have you submitted these hours to the Board?  Yes  No

Have you taken the State Licensure Exam?  Yes  No If yes, did you pass?  Yes  No

If no, when do you plan to take the exam or re-test? \_\_\_\_\_

### Additional Information:

Do you currently have clinical clients or a therapeutic role at your current job?  Yes  No

If no, what is your plan to obtain clinical clients and/or hours? \_\_\_\_\_

Are there any ethnic, cultural practices/beliefs, or exceptional learning needs I need to be aware of?  Yes  No

If yes, please describe: \_\_\_\_\_

What are your long-term goals for your career? \_\_\_\_\_

What do you hope to gain from supervision? \_\_\_\_\_

How did you hear about me? \_\_\_\_\_