

## Capital Area Counseling Application for Internship

### **Contact Information:**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (m.i.) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail (do **not** use a school email): \_\_\_\_\_

Telephone: (#1) \_\_\_\_\_ (#2) \_\_\_\_\_

### **Relevant Degree Program Information:**

University: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Graduated (Y/N)? \_\_\_\_\_ Month and Year Degree Received OR Expected: \_\_\_\_\_

Licensure or intended licensure track: (i.e. LPC, LMFT, LM/CSW, Ph.D.) : \_\_\_\_\_

Additional information or relevant degrees/certifications/licenses: \_\_\_\_\_

### **CAC Placement Request Information:**

**CAC requires a minimum six-month commitment from all interns with 8-direct hours weekly for pre-graduate interns and 6-direct hours weekly for post-graduate interns. Do you foresee any complications in your ability to fulfill this commitment?** \_\_\_\_\_

Pre-Graduate applicants only: Will CAC be your primary site? \_\_\_\_\_

Applying for Pre-Graduate Internship/Practicum or Post-Graduate Internship? \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Number of hours per week required by your program? \_\_\_\_\_ Number of hours in total? \_\_\_\_\_

Additional information \_\_\_\_\_

### **Post-graduate Applicants:**

Supervisor's name: \_\_\_\_\_

**Please attach your resume AND a (less than one page) personal statement describing your interest in interning at CAC. Include a brief description of your personal philosophy and/or approach to therapy, any experiences that you feel have prepared you to serve our client population, and any special abilities, languages, training, or experience that can help us start to get to know you.**

To submit, please email application along with resume and statement to: [apply@cacaustin.org](mailto:apply@cacaustin.org)