

Application and Information Sheet

Name: \_\_\_\_\_  
 Graduate school: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_  
 Current internship site: \_\_\_\_\_  
 Anticipated date of internship completion: \_\_\_\_\_

Relevant clinical experience to date

Type of Treatment	Total face-to-face hours	Number of individuals
<b>a. Individual therapy</b>		
1) Adolescents (13-18)		
2) School age children (6-12)		
3) Pre-school children (3-5)		
4) Infants/toddlers (0-2)		
<b>b. Groups</b>	Total face-to-face hours	Number of groups
1) Adolescents (13-18)		
2) School age children (6-12)		
3) Pre-school children (3-5)		
4) Infants/toddlers (0-2)		
	Total face-to-face hours	Number of families
<b>c. Family therapy</b>		
<b>d. Assessment</b>	Total face-to-face hours	Number of individuals
1) Adolescents (13-18)		
2) School age children (6-12)		
3) Pre-school children (3-5)		
4) Infants/toddlers (0-2)		

Please describe any additional relevant clinical or research experience on a separate sheet (maximum of 200 words).