**LADC Internship Application**

Name: Click or tap here to enter text.

First Middle Last

Address: Click or tap here to enter text.

Street City State Zip Code

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

College Internship Supervisor Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

Educational Institute you are currently enrolled in: Click or tap here to enter text.

Degree sought and grade level: AA  A/BS MA/MS Freshman Sophomore

Junior Senior

Major:Click or tap here to enter text.

Other degree, certificate, or licensure programs you have completed (post high school): Institution/ Program Dates Degree or Certificate

Click or tap here to enter text.

Why would you like to do your internship here? Please be specific:

Click or tap here to enter text.

Internship Time Period What is the length of the internship you are requesting?

440 hours 880 hours

Desired Start Date: Click or tap to enter a date.

Desired end Date: Click or tap to enter a date.

Are there any days of the week you cannot intern? Click or tap here to enter text.

**Internship Questionnaire**

The following information is to help us understand your skills, goals, needs, and strengths.

1. Previous Field Placements: List any previous field/clinical placements you have had:

Click or tap here to enter text.

2. Availability: Considering the requirements for your academic program and other commitments in your life, how much time can you realistically allocate to this placement each week? Please be specific about days and times you will or will not be available.

3. Treatment Settings: What treatment setting would best match your abilities and interests at this time? Indicate any prior course work or experience relating to such settings.

Click or tap here to enter text.

4. Clients Served: What type of clients (e.g. ages, presenting concerns, ethnic or cultural backgrounds) are you most interested in working with at this point in your training?

Click or tap here to enter text.

5. Learning Opportunities: What sorts of learning opportunities do you hope to have at your internship and what level of involvement and responsibility would you like? Click or tap here to enter text.

6. Limitations, Safety, and Risks: List any concerns you might have about the limits of your abilities or knowledge: Click or tap here to enter text.

**\*Please supply a copy of your transcript and the current internship evaluation form used by your field instructor with your application.**

If you can attest that all the above information is true and accurate (as to your knowledge), please sign below.

Click or tap here to enter text. Click or tap to enter a date.

Applicant Signature Date