



IMCES

INSTITUTE FOR MULTICULTURAL COUNSELING & EDUCATION SERVICES

• A PRIVATE NON-PROFIT ORGANIZATION, ASSOCIATED WITH DPI/NGO WITH ECOSOC STATUS OF THE UNITED NATIONS FOR HUMAN RIGHTS ••

APPLICATION FOR MSW/MFT INTERNSHIP

Application Date:

BACKGROUND AND EDUCATIONAL INFORMATION

A. BACKGROUND

1. Name	
First Name:	
Last Name:	
Other Names Used (Transcript):	

2. Home Address:	
Street Address 1:	
Street Address 2:	
City:	
State/Province:	
Zip/Postal Code:	

3. Work Address:	
Street Address 1:	
Street Address 2:	
City:	
State/Province:	
Zip/Postal Code:	

4. Phone (Home):	
5. Phone (Work):	
6. Phone (Cell):	
7. FAX:	
8. Email:	

9. What is your gender? (put an "X" next to one choice)

GENDER	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	Other
<input type="checkbox"/>	Decline to State

10. Birth Information:

Birth Information	
Date: (mm/dd/yyyy):	
County:	
City:	
State:	

11. What is your country of citizenship? (put an "X" next to one choice)

COUNTRY OF CITIZENSHIP	
<input type="checkbox"/>	U.S.
<input type="checkbox"/>	Canada
<input type="checkbox"/>	Other (Specify: _____)

12. Do you have Dual Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No
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13. Do you have a U.S. Visa: Yes No Status:

14. Does this visa permit you to work? Yes No

(If you are applying to a country other than one for which you hold citizenship, you may need to begin the process of researching these issues now.)

15. Are you a veteran? Yes No

Race: (optional) Please select one or more of the following groups in which you consider yourself to be a member:

16. American Indian or Alaska Native	<input type="checkbox"/>
17. Asian	<input type="checkbox"/>
18. Black or African American	<input type="checkbox"/>
19. Native Hawaiian or other Pacific Islander	<input type="checkbox"/>
20. White	<input type="checkbox"/>
21. Other	<input type="checkbox"/>

B. EDUCATION

Current Academic Work

1. What is the name of your graduate program, the name of the University or College, and the address of the university/institution in which your graduate department is located?

GRADUATE PROGRAM INFORMATION	
University Name:	
College Name:	
Graduate Program Name:	
Street Address:	
City, State/Province, Zip/Postal Code:	

2. What is your primary theoretical orientation? Choose up to 3 and please rank order.

PRIMARY THEORETICAL ORIENTATION					
<input type="checkbox"/>	Behavioral	<input type="checkbox"/>	Cognitive Behavioral	<input type="checkbox"/>	Integrative
<input type="checkbox"/>	Interpersonal	<input type="checkbox"/>	Humanistic/Existential	<input type="checkbox"/>	Systems
<input type="checkbox"/>	Psychodynamic/Psychoanalytic	<input type="checkbox"/>	Other		

4. What degree are you seeking?

(Check one choice below):

GRADUATE PROGRAM INFORMATION		
<input type="checkbox"/> M.A.	<input type="checkbox"/> M.S.W.	<input type="checkbox"/> Other
Specify Other:		

5. Who is your Training Director and what is his or her contact information?

TRAINING DIRECTOR INFORMATION	
Training Director Name:	
Training Director Email:	
University/School Phone #:	
University/School Fax #:	

6. Is your program WASC accredited? Yes No

7. Is your masters training program approved by the Board of Behavioral Sciences?

Yes No

8. Please complete the following table for each undergraduate school attended: (list in chronological order).

UNDERGRADUATE SCHOOLS ATTENDED					
School/University	Major	Degree Earned	Date Started	Date Completed	GPA

9. When did you begin graduate level study in your current program? If you received your baccalaureate from the same department, provide the date on which you started **GRADUATE** work (e.g., a start date of January, 2004 in the graduate program would be 01 / 2004.). If you earned a Master’s degree in the same program in which you are currently enrolled, indicate this date in your answer (i.e., the date you started your combined Master’s/Doctoral program).

/ (mm / yyyy)

10. When did you complete (or do you expect to complete) your masters coursework, excluding thesis or project (if applicable)?

/ (mm / yyyy)

Comments:

11. Have you successfully completed your program’s comprehensive / qualifying examination? (Put an “X” next to only one choice).

COMPLETED COMPS/QUALIFYING EXAMINATION	
<input type="checkbox"/> Yes – Date of Completion:	/ (mm / yyyy)
<input type="checkbox"/> No	Dated Expected to Complete: /
<input type="checkbox"/> Does not apply to my program	

12. What is your thesis / project title or topic?

Does not apply

13. What type of research is involved in question 12 above? (Put an “X” next to only one choice)

TYPE OF RESEARCH	
<input type="checkbox"/> Critical literature review / theoretical	
<input type="checkbox"/> Other	
If Other, Specify:	

15. Who is/was your thesis/research advisor, and what is his or her contact information?

THESIS/PROJECT ADVISOR	
Thesis/Project Advisor's Name:	
E-Mail:	
Phone #:	

Previous Academic Work

16. What is the highest degree that you have completed in any mental health field?

HIGHEST DEGREE COMPLETED	
<input type="checkbox"/> Ph.D.	<input type="checkbox"/> Psy.D.
<input type="checkbox"/> Ed.D.	<input type="checkbox"/> M.S.W.
<input type="checkbox"/> M.A./M.S.	<input type="checkbox"/> B.S.W.
<input type="checkbox"/> B.A./B.S.	<input type="checkbox"/> Ed.S.
<input type="checkbox"/> Other (Specify: _____)	

17. When did you complete the above degree? (Do not respond to this item if this is an undergraduate degree.)

/ (mm / yyyy)

18. Please complete the following table for each graduate school or university attended (list in chronological order):

GRADUATE SCHOOL PROGRAMS/UNIVERSITIES ATTENDED				
School/University	Grad Program Name	Degree Earned	Dates of Attendance	GPA

19. Licensure / Certification: Some applicants may be licensed or certified at the master's level. If you are, please list any current and valid licenses or certifications in mental health fields (list type and jurisdiction, e.g., state or province):

License: Jurisdiction: Certification: Jurisdiction:
 License: Jurisdiction: Certification: Jurisdiction:

20. Publications: Please provide:

- a. the number of articles published in refereed journals for which you hold authorship:
- b. the number of chapters or books for which you are an author:

Full citation in APA format should be listed on your CV.

21. Presentations: Please provide the number of professional presentations you have made at regional, state, national, or international meetings/conferences.

Full citation in APA format should be listed on your CV.

23. Please list names, addresses, phone numbers, and e-mail addresses of individuals who will be forwarding letters of recommendation: (Please note that 2 recommendations are required for consideration into the program.):

Recommendation #1:

Name:

Street Address:

City:

State:

Zip:

Phone:

Email Address:

Recommendation #2:

Name:

Street Address:

City:

State:

Zip:

Phone:

Email Address:

In which languages other than English (including Spanish, Armenian, Russian, Farsi, Arabic, and American Sign Language) are you FLUENT in enough to conduct therapy?

What is your practicum or program sanctioned work experience with diverse populations in a professional therapy /counseling or an assessment capacity? Please complete the following table:

RACE/ETHNICITY	Clients Seen in the Past	Have an Interest in Working with These Clients	Past Experience Conducting Initial Assessments
African-American / Black / African Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian-American / Asian Origin / Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino-a / Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian / Alaska Native / Aboriginal Canadian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European Origin / White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-racial / Multi-racial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEXUAL ORIENTATION (This information may not be known for all clients; please indicate only when known.)	Clients Seen in the Past	Have an Interest in Working with These Clients	Past Experience Conducting Initial Assessments
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISABILITIES			
Physical / Orthopedic Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind / Visually Impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf / Hard of Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning / Cognitive Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Disability (Including Mental Retardation and Autism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious Mental Illness (e.g., primary psychotic disorders, major mood disorders that significantly interfere with adaptive functioning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVIDENCE BASED PRACTICE EXPERIENCE	Experience in Providing Services	Certification in the EBP
Trauma Focused CBT	<input type="checkbox"/>	<input type="checkbox"/>
Seeking Safety	<input type="checkbox"/>	<input type="checkbox"/>
MAP	<input type="checkbox"/>	<input type="checkbox"/>
Individual CBT	<input type="checkbox"/>	<input type="checkbox"/>
Other: Specify	<input type="checkbox"/>	<input type="checkbox"/>

Do You Have Experience providing Crisis Management Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate Number of Hours:
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Do you have administrative experience in the management or coordination of a program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Program:
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INTERNSHIP EXPERIENCE ANTICIPATED - This section summarizes and describes anticipated post-masters internship experience. Please include type of experience anticipated, approximate hours per week, supervision hours anticipated on a weekly basis, duration of the training, as well as a description of the duties.

PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “YES” or “NO”: (If you answer yes to any question, please elaborate in the space provided)

1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?
Yes No

2. Are there any complaints currently pending against you before any of the above bodies?
 Yes No

3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending? Yes No

4. Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer? Yes No

5. Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes
 No

6. Have you ever been convicted of a felony? Yes No

ESSAYS

Instructions: The contents of your essays must be your original writing, which is solely authored by you. Plagiarism of any kind is not acceptable. Please answer each question in 500 words or less. (If entering by computer:) Do **NOT** use your **TAB** key when entering your response to the essay questions. We recommend that you develop your essay responses in a separate document (for ease of editing) and then paste the completed essays into the space provided below.

1. **Please provide an autobiographical statement. (There is no “correct” format for this question. Answer this question as if someone had asked you, “tell me something about yourself”. It is an opportunity for you to provide the post-masters internship program site with some information about yourself. It is entirely up to you to decide what information you wish to provide along with the format in which to present it).**

- 2. Please describe your theoretical orientation and how this influences your approach to case conceptualization and intervention. You may use de-identified case material to illustrate your points if you choose.**

- 3. Please describe your experience and training in work with diverse populations. Your discussion should display explicitly the manner in which multicultural/diversity issues influence your clinical practice and case conceptualization.**

- 4. Please describe any Advocacy project that you may have been involved with. In your response, please indicate your role, and how the project was a benefit to the field of community mental health, the target population in which the project was done, and how the project contributed to the practice of psychology as a profession.**

APPLICATION CERTIFICATION

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from, this application may be cause for denial of selection as an post-master's intern or dismissal from an post-master's intern position. I authorize the site to consult with persons and institutions with which I have been associated who may have information bearing on my professional competence, character, and ethical qualifications now or in the future. I release from liability all post-master's internship staff for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to the post-master's internship site in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future. I authorize the post-master's internship site and my master's program to release evaluative information about me to each other, now or in the future.

I further understand that it is my responsibility to inform the post-master's internship site if a change in my status with my academic program, (e.g., being placed on probation, being dismissed, etc.) occurs subsequent to the submission of my application.

If I am accepted and become an post-master's intern, I expressly agree to comply fully with the Board of Behavioral Sciences policies and Code of Conduct where applicable. I also agree to comply with all applicable state, provincial and federal laws, all of the Rules and Code of Conduct of the State Board of Behavioral Sciences Licensing Board, and the rules of the institution in which I am an intern.

I understand and agree that, as an applicant for the post-master's internship program, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

I understand that a post-master's internship position at IMCES will be taxing both physically and emotionally and I hereby attest that I am physically and emotionally fit to perform the functions of a post-master's intern, that I am able to transport myself to and from the client's place of residence and that I poses the organizational skills to manage the strict 24 hour turn around documentation requirements of IMCES (a Department of Health Contracted Agency).

I hereby agree that personally identifiable information about me, including but not limited to my academic and professional qualifications, performance, and character, in whatever form maintained, may be provided by my academic program and to this post-master's internship. I further agree that, similar information may be provided by the post-master's internship site to my graduate program and by my graduate program to the post-master's internship site. I understand that such exchange of information shall be limited to my graduate program, and post-master's internship site, and such information may not be provided to other parties without my consent. This authorization, which may be revoked at any time, supersedes any prior authorization involving the same subject matter.

Applicant Full Name:

Signature:

Date: