

CROSSROADS FAMILY SERVICES
Intern / Practicum Application

Personal History (Please Print): _____ **Practicum/Internship Start Date** _____

Name: _____ **Date:** _____

Address: _____ **City/ State:** _____ **Zip:** _____

Home: _____ **Work:** _____ **Cell:** _____

University Supervisor: _____ **Expected Grad. Date:** _____

Major: _____ **University:** _____

Masters-Level Students Only
Current Accumulated Supervised Hours: _____
** Students must present agency with a copy of class schedule and liability insurance in cases where student purchases based on University requirements.*

LPC-I and / or LMFT-Associates Only
Graduation Date: _____ **University:** _____
Temporary License Number: _____ **Date:** _____
Current Accumulated Hours Towards Licensure: _____
**A copy of liability insurance must be provided prior to accruing hours for licensure AND copy of temporary license*

- 1. How did you hear about CFS?**
- | | | |
|---|--|---|
| <input type="checkbox"/> University | <input type="checkbox"/> Internet | <input type="checkbox"/> Former Student |
| <input type="checkbox"/> Friend / Family Member | <input type="checkbox"/> Plano Insider | <input type="checkbox"/> Other |

2. What would you like to get out of your internship / practicum experience?

3. Name specific client populations that are of interest to you or that you wish to expand your expertise? (i.e., specific disorders, child / adolescent, play therapy, marital counseling, etc.)

4. Have you ever been in counseling before? If so, please provide a brief description of the purpose and outcome?

5. What do you believe to be your strengths and your possible weakness to address in your training?

Additional Comments:

Signature

Date