

**CROSSROADS FAMILY SERVICES**  
**Intern / Practicum Application**

**Personal History (Please Print):**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

University Supervisor: \_\_\_\_\_ Expected Grad. Date: \_\_\_\_\_

Major: \_\_\_\_\_

**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?

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\_\_\_\_\_

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.)

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

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

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**Additional Comments:**

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**Signature**

\_\_\_\_\_  
**Date**