



Clinical Master's Level Internship: Clinical Academy

A Family Service Rochester partnership with Zumbro Valley Health Center and Fernbrook Family Center, Clinical Academy provides hands on experience to practice skills in several program modalities and settings across three agencies. A panel interview with the agencies is completed and if accepted, a primary host is designated where the majority of internship hours are completed. The alternative agencies provide opportunities to observe and shadow other program modalities of interest that would not otherwise be available.

Applicant Name

First Name	Last Name

Applicant Address

Street Address including Unit or Apartment Number		
City	State	Zip Code

Applicant Phone Number

Area Code	###	####

Applicant Email Address

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Are you fluent (reading and writing) in anything other than English?

No
 Yes, please provide what other language you are fluent in

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Please list any current employees you know indicating whether a friend, relative, or acquaintance

Name of Employee	How do you know them



University Attending

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Academic Information

College / University Attending

- In-Person
- Online
- Hybrid

Degree you will be obtaining

- MSW
- M.A. | Psychology
- M.A. | Clinical Mental Health Counseling
- M.S. Marriage, Couple, Family Counseling
- Other, please provide below

Is your program accredited?

- Yes
- Not yet – going through the process
- No

Field Advisor / Field Directors Name

First Name	Last Name

Advisor Email Address

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Internship Information

Anticipated Start Date	Anticipated End Date

Internship Hours

How many WEEKLY hours do you need per week?	How many TOTAL internship hours do you need?



What are your preferred DAYS to complete internship (flexibility)? Pick as many as you see fit

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

When do you plan on completing your internship hours? Pick as many as you see fit

- Morning: 8am
- Mid-Morning: 10am
- Afternoon: 12pm
- Mid-Afternoon: 2pm
- Evening: 5pm

Do you have a valid driver's license?

- Yes
- No

If yes, do you have insurance for your vehicle?

- Yes
- No

Which program(s) spark your interest?

Program	
Young Children Mental Health Services	<input type="checkbox"/>
Youth and Family Mental Health Services	<input type="checkbox"/>
Adult Mental Health Services	<input type="checkbox"/>
Older Adult Mental Health Services	<input type="checkbox"/>
Day Treatment Mental Health Services	<input type="checkbox"/>
Co-Occuring Mental Health Services	<input type="checkbox"/>

Which Evidence Based Practice do you want to learn more about?

Program	
Diagnostic Classification of Young Children	<input type="checkbox"/>
Dialectical Behavioral Therapy (DBT)	<input type="checkbox"/>
Cognitive Behavioral Therapy (CBT)	<input type="checkbox"/>
Trauma Focused/Trauma Informed Therapy	<input type="checkbox"/>
Group Psychotherapy Facilitation	<input type="checkbox"/>



Please provide agency placement preference

	1 st Choice	2 nd Choice	3 rd Choice
Family Service Rochester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zumbro Valley Health Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fernbrook Family Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include your (1) cover letter and (2) resume with this field internship application each document should include the following outlined items below

Cover Letter	Resume
<ul style="list-style-type: none"> • What degree you are obtaining with anticipated graduation date. • What do you hope to do once your degree is completed? • What are your current professional interest areas as it relates to this internship application? 	<ul style="list-style-type: none"> • Employment History • Education History • Volunteer History • Awards / Honors • Academic Publishing

By signing your name below, you certify that you have not knowingly or willingly falsified or misrepresented any information listed above. Falsification or misrepresentation of information could lead to my dismissal.

Signature	Date