



Clinical Master's Level Internship: FSR Only

Family Service Rochester (FSR) offers an exceptional internship experience where clinical Master's level students are offered hands on experience to practice skills in several program modalities and settings. This may include Outpatient Psychotherapy, Group Psychotherapy, School Based Mental Health, and Community Based Mental Health. This internship is available for those receiving a degree in social work, marriage and family therapy, and counseling and psychological services.

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

Are you fluent (reading and writing) in anything other than English?
<input type="checkbox"/> No
<input type="checkbox"/> Yes, please provide what other language you are fluent in

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

Please list in order which Master's level program, sparks your interest most

Program	1 st Choice	2 nd Choice	3 rd Choice	4 th Choice
School-Based Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family-Based Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Childhood Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list in order which Evidence-Based Practice you want to learn 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"/>
Parent Child Interactive Therapy	<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