

Application for Practica, Internships, and Fellowships (Please type all responses)
College of Charleston Counseling Center

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Current Academic Program:

Name of Institution/School: _____

Program/Department: _____

Major: _____ Minor: _____

Degree Anticipated: _____

Date Degree Anticipated: _____

Previous Education:

Institution	Dates Attended	Degree Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Status of completion of requirements for current program:

1. Coursework: Date completed or anticipated: _____
2. Comprehensive Examinations: Date completed or anticipated: _____
3. Dissertation Proposal: Date approved or anticipated: _____
4. Dissertation: Date completed/accepted or anticipated: _____
5. Proposed Title of Dissertation: _____

6. Relevant Applied Experience (e.g., practica, employments, volunteer work, etc.):

Name of Facility/Setting	Type of population	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Describe any experience you have leading or conducting group therapy/counseling:

8. Describe any workshops, seminars or other programs you have designed and/or implemented:

9. Describe what you perceive as your strengths and limitations as a developing professional:
Strengths:

Limitations:

10. List and describe any specific professional areas of interest or expertise you have (e.g., eating disorders, women's issues, grief, trauma recovery, etc.)

11. Please list and succinctly describe three or more professionally relevant goals you would like to pursue during an internship or practicum placement:

12. In what ways do you imagine that an internship or practicum placement at CofC Counseling Center might contribute to your pursuit of professional goals in your future?

13. Please list the name, title(s), and current telephone number(s) of your Director of Training or his/her equivalent in your academic program. Also, list the names, titles, and current telephone numbers of two other persons who are thoroughly familiar with your professional and/or academic work.

14. Have you ever been arrested? YES NO
If yes, please explain each instance/offense:

15. Have you ever been convicted of any offense aside from minor traffic infractions?
YES NO
If yes, please explain:

16. Have you ever been hospitalized for a mental health issue?
YES NO
If yes, please explain on a separate, attached sheet.

17. Do you have any history of any mental health concerns that are not successfully resolved/managed?
YES NO
If yes, please explain on a separate, attached sheet.

18. Please describe any impediments you might have:
- that could negatively affect your capacity to effectively deliver
counseling services, or
- that might lessen your ability to demonstrate responsible, orderly, conscientious
personal or professional conduct:

20. Please list any courses or practica you will have completed by the beginning of the internship or practicum placement, but which will not appear on your transcripts:

21. Is there any additional information you believe we should be aware of in considering your application?

Send completed application materials to **Sarah Finley** at finleys1@cofc.edu

College of Charleston Counseling Center
175 Calhoun Street, Robert Scott Small, Suite 300
Charleston, SC 29424
(843) 953-5640