

Brightside Counseling Services, LLC

Creating a Place of peace love and acceptance within

Counseling Internship/Practicum Application

Applicant Information

Name: _____

Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:

University Information

Requested: Practicum Internship Practicum and Internship Semester(s) & Year:

Have you met all university mandates to be eligible for placement? Yes No Not sure

University attending: _____

University address: _____

City:	State:	ZIP Code:
Degree expected:	Expected graduation date:	GPA:

Employment, Experience and Skills

Please attach your resume in addition to this application

Are you currently employed? Yes No If yes, how many hours do you work a week? _____

Most recent employer:	Position title:
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Counseling Internship/Practicum Application

Three words best describe you:

Internship information

Are you able to commit for 10-12 months? Yes No

How many hours do you need?

Population interested in:

What days/times are you available to intern?

Tell me about your theoretical orientation of choice:

What are your objectives while in internship?