**UNLV Department of Marriage and Family Therapy**

**Internship Application Form**

**Agency/Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FAX:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

**Email/Internet Address:** \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person/Supervisor: ­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach copy of Supervisor’s current resume/vita.

**Position Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

**License(s) held:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Please attach copy of Supervisor’s License(s).

**AAMFT Approved Supervisor Designation (circle): Yes No Expires:** \_\_\_\_\_\_\_\_

Please attach copy of AAMFT Approved Supervisor Certificate, Candidate Verification Form, or detailed description of how the supervisor meets the Approved Supervisor Equivalency Criteria.

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If more than one person will be supervising the Intern’s work, please list the other supervisors’ names, phone numbers, and e-mail below.

**Supervisor #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For each additional supervisor, please attach a copy of his/her resume/vita, license(s), and AAMFT Approved Supervisor Certificate, Candidate Verification Form, or detailed description of how the supervisor meets the Approved Supervisor Equivalency Criteria.

**Facility Location (**eg. North Las Vegas, West-Central, near the strip):

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**Is there adequate and lighted parking?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is it accessible by public transportation?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Description:** Briefly describe such things as physical layout, number of therapy rooms (including one-way mirrors), administrative support, clerical, secretarial and support staff, computerization (Local Area Network vs. PC stations), records, billing and insurance personnel, etc.

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**Clientele Served:** Briefly describe the clients your facility typically serves in terms of their demographic characteristics and presenting problems. Include any special or unique populations for which your facility provides services. Also indicate opportunity for seeing couples and families.

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**Additional Information:** Use this section to provide information that may be of interest to interns, such as major theoretical approaches, unique qualifications of staff, specialized training or experience offered at your site, etc.

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Students must work a minimum of six hours per week at the internship site. Recognizing that sites may have specific hour needs, please indicate the following:

 \_\_\_\_ minimum number of hours per week

 \_\_\_\_ maximum number of hours possible per week

**Please provide the following general information:**

Overall mission of the agency/site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Likely intern duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Availability of Staffing/In-service Training Opportunities:

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In addition, please provide a copy of any agency/site brochures or marketing materials.

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**FACULTY REVIEW**

Date Materials Reviewed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Outcome:

 \_\_\_\_\_ Meets Criteria

 \_\_\_\_\_ Does not meet Criteria

 \_\_\_\_\_ Other(specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dept. Chair or Graduate Coordinator