

Internship Application

Name: _____ Date: _____

Mailing Address: _____

Telephone Number: (primary) _____

(secondary) _____

E-mail Address: _____

Desired Internship Start Date: _____ Anticipated Completion Date: _____

Name of your school: _____

Degree program (Please indicate selection): Master's PhD

Major/Track: _____

Faculty Director of Internship (Name & Title): _____

Mailing Address: _____

Telephone Number: _____ E-mail Address: _____

Attachments:

1. A cover letter describing:
 - a. Your personal and professional goals for internship
 - b. Your interest in an internship in a hospital setting that serves severely injured individuals and those with substance-use-related medical complications
 - c. Your previous experience, if any, in counseling in a hospital, medical, or addiction care setting
2. Your CV or résumé
3. Professional liability insurance policy (copy)
4. Transcripts of graduate work (unofficial accepted)
5. Two letters of recommendation from professionals, one of whom is familiar with your clinical skills

Email completed application and letters of recommendation to:

Liz White, MA, LCMHC, LCAS, CCS
Manager, Student Training Center
Specialized Counseling Intervention & Training
Department of Surgery
336-716-2801
ebwhite@wakehealth.edu