



Clinical Internship Application

Date: _____

Circle proposed start month: September January Year: _____

Name: _____ Preferred Pronoun: _____

Address: _____

Home Phone: _____ Cell Phone: _____

*Washington State Registration Number: _____
*SCS must have this on file one month prior to your start date.

Graduate School: _____

Advisor's Name: _____ Phone: _____

Describe any client population requirements of your internship: _____

What hours are you available for your internship?

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Please attach three references who can comment on your work history and readiness for an internship. One reference must be school related (not your advisor).

By signing below, I give my permission for Seattle Counseling Service to contact my advisor and my references in order to obtain information needed to determine my readiness for an internship at Seattle Counseling Service.

Signed: _____ Date: _____

Return this application, a copy of your registration and your references to the address listed below:

**1216 Pine Street, Suite 300
Seattle, Washington 98101**