



## Instructions for Completing Internship Application

Thank you for your interest in our Internship Programs.

We suggest you do the following:

1. Download the descriptions and the application form. Be sure to read the descriptions thoroughly as there is important and time-sensitive information on the last page.
2. Once you have decided which Internship(s) you will be applying for, fill in the application form. If you are interested in more than one Internship, please number your order of preference.
3. Please be sure to attach both a small recent picture of you (pictures will not be returned) and a resume to the application. Passport size photos are recommended. Do not submit a photocopy of a picture.
4. Submit your application in person in the designated folder ***located on a table just outside the Student Lounge.*** If you are attending a school other than Phillips Graduate Institute, you may mail your application to:

Intake Coordinator  
Phillips Graduate Institute Counseling Center  
19900 Plummer St.  
Chatsworth, CA 91311

**ANY APPLICATIONS SUBMITTED VIA EMAIL WILL NOT BE CONSIDERED.**

5. **APPLICATION DEADLINE IS MONDAY, MARCH 31, 2014.** You will be contacted regarding the interview schedule. Expect to participate in the interview process for 2 hours and 15 minutes.



**APPLICATION DEADLINE IS MARCH 31, 2014**

**Application for MFT Internship**

If you are interested in more than one internship program, please indicate 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices

\_\_\_\_\_ **School-Based Child Therapy**    \_\_\_\_\_ **Modern Clinical**    \_\_\_\_\_ **Postmodern Clinical**  
\_\_\_\_\_ **Latino Family Therapy**    \_\_\_\_\_ **Co-Occurring Disorders**    \_\_\_\_\_ **Early Childhood Therapy**

**Complete ALL sections of this application. A copy of your resume and a recent photograph are required with your completed application. Please do not write "See Resume" as a response on this application.**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Numbers: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Undergraduate Degree(s) and Granting Institution(s): \_\_\_\_\_

Graduate Degree (s) and Granting Institution(s): \_\_\_\_\_

Are you currently enrolled in a Masters Program  No  Yes If yes, where: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Are you currently an MFT Intern  No  Yes If yes, California IMF #: \_\_\_\_\_

Work/Counseling Experience (Please do not write *See Resume*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Continued)**

With what theories of counseling are you most familiar: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever, under your name or another name, been convicted of (or plead guilty or no contest to) any crime which conviction has not been judicially ordered sealed, expunged or statutorily eradicated, including but not limited to those involving abuse of a child, adult, or elder/senior? If yes, explain.

\_\_\_\_\_

I understand that I may not participate in therapy as a client at the Counseling Center if selected for an internship, nor have an immediate family member in therapy at the Counseling Center for the duration of my training.

By signing this application I understand that all information (excluding name, address, social security number and phone numbers) contained within this application and all the Counseling Center documentation can be used by Phillips Graduate Institute for the purpose of data collection, program analysis and program evaluation.

**IMPORTANT NOTICE**

I hereby authorize Phillips Graduate Institute to contact my references, current employer, former employers and educational institutions regarding my work record, education and other matters related to my suitability for Internship(s) , and I agree to defend, indemnify, and hold the Phillips Graduate Institute harmless for its investigation of my background. In addition, I hereby release, and waive the right to hold liable, any references, former employers and/or educators and the institutions they represent, from any and all claims, damages, demands or liabilities that may arise out of any related investigation and/or any disclosure regarding the internship position(s) for which I am applying. I authorize a copy of this document to be furnished to my references, current employer, former employer(s), and/or educators. I acknowledge by signing this application that I have not engaged in conduct or act that would disqualify me for a California License as a Marriage and Family Therapist. I hereby verify and certify under penalty of perjury under the laws of the state of California that all the information stated above is true and correct as executed by me on the date entered below.

**Falsification of information on this application will be considered grounds for immediate termination of Internship contract and/or dismissal from program.**

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**