



THE CENTER FOR GRIEF CARE
AND EDUCATION
at The Institute for Palliative Medicine

Application CGCE Counseling Internship Program

Name: _____

Address: _____

City _____ State _____ ZIP _____ SSN _____

Phone: _____ Fax: _____ E-mail: _____

Education	University	Dates
Bachelor's Degree: <input type="checkbox"/> BA <input type="checkbox"/> BS Major: Minor/Emphasis:	Name of University/ies:	<input type="checkbox"/> In progress (expected completion date: _____) <input type="checkbox"/> Completed (date: _____)
Master's Degree: <input type="checkbox"/> MA <input type="checkbox"/> MS Area of Study:	Name of University/ies:	<input type="checkbox"/> In progress (expected completion date: _____) <input type="checkbox"/> Completed (date _____)
Doctoral Degree: <input type="checkbox"/> PhD <input type="checkbox"/> PsyD Area of Study:	Name of University/ies:	<input type="checkbox"/> In progress (expected completion date: _____) <input type="checkbox"/> Completed (date: _____)

Write a brief statement (3-5 sentences) indicating your reasons for applying for this internship:

Please provide information about your most recent clinical supervisor and employer. If you have not held a position in this field before, please write "no prior clinical experience" and only provide the name of your most recent employer.

Prior Clinical Supervisor Name	
Place of Business	
Address:	
Phone Number	

Employer	
Place of Business	
Address:	
Phone Number	

Please provide the names and **telephone numbers** of three professional references who can tell us about your professional attributes and clinical skills. These references may be Professors, Clinical Supervisors, Clinical Directors, or colleagues who have had the opportunity to observe you professionally.

	Name	Relationship	E-mail
1			
2			
3			

Please attach a resume or CV to this application.

I hereby acknowledge that the above information is correct to the best of my knowledge. I give my permission to contact my previous and/or current Clinical Supervisors. I also give my permission to contact my school practicum personnel.

Signature

Date