

# SCTC Internship Application Form

South Central Training Consortium

Pre-Doctoral Internship Application

## PERSONAL INFORMATION

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Program: \_\_\_\_\_

University/Institution: \_\_\_\_\_

Expected Graduation: \_\_\_\_\_

## CLINICAL EXPERIENCE

Total Direct Service Hours: \_\_\_\_\_

Assessment Hours: \_\_\_\_\_

Supervision Hours: \_\_\_\_\_

## STATEMENT OF INTEREST

Why are you interested in SCTC? (attach separate page)

## REFERENCES (3 required)

Reference 1: \_\_\_\_\_

Reference 2: \_\_\_\_\_

Reference 3: \_\_\_\_\_

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