



Counseling Center
Master's Level Trainee Application Form

Date: _____

Name: _____

Department: _____

Major: _____

Minor/Concentration: _____

Address: _____

Phone: _____

Email: _____

1. What type of position are you interested in?

- Clinical Mental Health Counseling / Practicum
- Clinical Mental Health Counseling / Internship I
- Clinical Mental Health Counseling / Internship II
- Graduate Assistantship (Interns Only)

2. For which semester(s) are you applying for this practicum/internship?

3. What kind of experiences would be of interest to you?

4. List your previous clinical experiences and supervisor(s). Please list the contact information of any supervisors.

5. Rate your skills in the following areas:

1 = Excellent 2 = Good 3 = Average 4 = Fair 5 = Poor 0 = No Experience

<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Assessment
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Communication Skills	<input type="checkbox"/> Outreach
<input type="checkbox"/> Workshop Presentation	<input type="checkbox"/> Intake	<input type="checkbox"/> Professionalism
<input type="checkbox"/> Diversity	<input type="checkbox"/> Ethics/Legal Issues	

6. Why do you want to work in the Counseling Center?

7. Any additional information you would like for us to know about your experience:

Return Application Form To:

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