



Shelby Wellness & Therapy Center

809 N. Lafayette Street, Suite A, Shelby, NC 28150
(704) 284-0554
info@shelbytherapy.com

Internship & Practicum Application

Position Applied for: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Semester Applying for: _____ Start Date: _____ End Date: _____

How many hours per week do you need? _____ Graduate Level or Undergraduate: _____

	DAYS	Monday	Tuesday	Wednesday	Thursday	Friday
Days & Hours of availability:	Available HOURS	_____				

School: _____ Program: _____

Practicum/Internship Professor: _____ Expected Graduation Date: _____

Have you had prior internships or practicums? YES NO If yes, list under previous employment

Do you know someone that has done an internship or practicum with us? If yes, who?

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional and/or educational references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to an internship or practicum, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

What to Include with Your Application

- ____ Transcript (unofficial)
- ____ Professional Liability Insurance (if you have it already)

How To Submit Your Application

You may submit your application in one of the ways listed below.

- In person at our office
- By Mail:
SWTC
809 N. Lafayette Street
Suite A
Shelby, NC 28105
- Fax: 704-448-2003
- Email: blackman@shelbytherapy.com with **Subject:** INTERNSHIP or PRACTICUM APPLICATION

Once we receive your application you will be contacted to come in for an interview.