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Milwaukee, WI 53212  
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Randall A. Neff, LCSW  
Training Coordinator  
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## APPLICATION for the TRAINING PROGRAM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: primary \_\_\_\_\_ Other (please specify) \_\_\_\_\_

e-mail \_\_\_\_\_

Are you applying for:  Graduate Internship/Practicum/Field placement for you Master's degree

Post-Master's Externship (towards the 3000 hours required for licensure)

Semesters applied for: (Please check all for which you are available. Pathfinders requires a two semester minimum)

Summer 20 \_\_\_\_  Fall 20 \_\_\_\_  Spring 20 \_\_\_\_

Academic Program \_\_\_\_\_  
(*Social Welfare, Psych, Ed. Psych, Other*)

University \_\_\_\_\_

Number of hours required by your academic program \_\_\_\_\_

How many credits have you completed in graduate school? \_\_\_\_\_

Liaison or contact person from your academic program:

Name \_\_\_\_\_ Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Undergraduate degree and institution: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate degree: \_\_\_\_\_ Year: \_\_\_\_\_

Other Credentials: \_\_\_\_\_

Please list and briefly describe any previous work or other experience in a helping role - including other internships or field placements: \_\_\_\_\_

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What are your professional career goals? \_\_\_\_\_

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What courses have you had that impact on your clinical skills, (i.e. Essentials of Counseling, Social Treatment, Psychopathology, etc.)? Please include a brief description of each course you list along with the name of your professor.

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Describe what strengths, interests, and skills you bring to the field of counseling: \_\_\_\_\_

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What do you wish to accomplish during your training at Pathfinders, and how do you think Pathfinders can be helpful?

In what areas would you like to see yourself improve? \_\_\_\_\_

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Have you ever been accused of unethical conduct and/or inappropriate behavior toward a client? ( ) Yes or ( ) No

Have you ever received disciplinary action or lost a job due to unethical conduct and/or inappropriate behavior toward a client? ( ) Yes or ( ) No

Have you ever been censured or lost professional license or credentials due to unethical conduct and/or inappropriate behavior toward a client? ( ) Yes or ( ) No

Do you have any prior history that will be reflected when we conduct a caregiver background screen as required by the State of Wisconsin? ( ) Yes or ( ) No

Have you ever been disciplined for late or tardy paperwork and/or clinical reviews? ( ) Yes or ( ) No

Are there any restrictions on your schedule or availability? ( ) Yes or ( ) No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list three references and how to reach them:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Our screening process is very competitive; because our capacity is limited, each year we must turn away a number of well qualified applicants. In making our selection, we'll consider your education, experience, and your potential to be a competent therapist. We also strive to create a diverse cohort of interns who will enhance the learning experience for all interns, and best meet the needs of our diverse clientele.

*Please return this application to:*

Randall A. Neff, LCSW  
Training Coordinator  
Pathfinders  
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