



Alliant Therapy Group, LLC

200 1st Ave West Suite 400 Seattle, WA 98119

110 Main St Suite 104 Edmonds, WA 98020

Internship Application

Thank you for your interest in the internship program at Alliant Therapy Group, LLC (ATG). Please fill out the application that follows to the best of your capability. For application priority, please submit your completed application no later than March of the year of your internship. Internship offers are made by or before May for a fall start date, if the intern is available before fall please list this on your application. Applications received after March will be considered on the placement availability and goodness of fit. Both Full and Part time placements are available on an ongoing basis. Please enquire about placement availability and if you have any other internship related questions to allianttherapy@gmail.com

I am a MA/MS/PhD student and I am interested in a student internship with a Fall/Spring/Summer/Winter start. Please state term/year:

Name:

Mailing Address:

Email Address:

Phone Numbers:

Home:

Work:

Cell:

Which number do you prefer?

Date of Birth:

School Affiliation:

MA/MS/PhD student? Anticipated Graduation Date:

I would like a Full-time placement (18-20+ hours/week), or a Part-time placement (10-15 hours/week). Please circle one

Are you fluent in any languages besides English?

How did you hear about ATG?

Please list any skills, Licenses or certifications you hold that may be of value to ATG and its clients?

What interests you about an internship with ATG?

Availability:

Scheduling availability will be one factor in the extension of an internship invitation. Please indicate below the days/times you are available to see clients by circling the appropriate days.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Morning:

Afternoon:

Evening:

List any limitations within your schedule:

What would your ideal schedule be?

Are you available to see at least 6 clients a week and up to 12 throughout the entirety of the internship?

How certain are you, on a scale of 1-10, that you will be able to intern for a full year (12 months)? (1 being completely uncertain and 10 being completely certain)

1 2 3 4 5 6 7 8 9 10

History:

Are you currently in therapy? Yes/No For how long?

Have you ever been in therapy? Yes/No For how long?

How would you describe your personal Practicum experience in your graduate program?
(if applicable)

Clinical Skills/Future: (feel free to continue answering on another page if needed)

If you could choose one therapy model/orientation that you particularly like, what would it be and why?

What kind of work do you want to do in the future? (i.e. population, setting, specific disorders etc)

What counter-transference possibilities do you anticipate presenting in your internship?

Please provide a reference. If possible, list someone who can attest to your clinical skills (professor, practicum facilitator, practicum leader or therapist)

Name:

Relationship:

Email address:

Phone number:

Please answer the following:

Is there anything distinctive that would set you apart from others seeking this internship position?

Do you have any special needs or things we should be aware of?

Have you been convicted of any criminal activity or had any ethics violations in the past? If yes, please explain the circumstances. (this will not necessarily prevent you from becoming an intern with ATG)

Consent and Agreement:

I understand and agree that submitting this application does not automatically register me as an intern with ATG. By submitting this application, I attest that the information I have provided on the form is true and is submitted voluntarily.

Signature:

Date:

Submission of application:

Thank you for taking the time to complete this application. Please attach a photo of yourself (casual/informal is fine), as well as a brief writing sample in order to complete your application.

The sample may be an admissions essay, a paper you have written for a counseling class, or some other brief written representation of who you are and how you write. Applicants should also include a resume with two other professional references. Please email your completed application (allianttherapy@gmail.com) or you may mail your application materials to:

Alliant Therapy Group, LLC

Attn: Internship Program

110 Main Street Suite 104

Edmonds, WA 98020

Thank you again for your interest in interning at Alliant Therapy Group, LLC!