



## Alliant Therapy Group, PLLC

200 1<sup>st</sup> 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, PLLC (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 you are 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-time and part-time placements are available on an ongoing basis. To inquire about placement availability and any other internship-related questions, please email [contact.alliant@gmail.com](mailto:contact.alliant@gmail.com).

Name:

Mailing Address:

Email Address:

Phone Number:

Date of Birth:

School Affiliation:

What degree program are you in? MA/MS/PhD

Which counseling program? (i.e. MFT, MHC, MSW)

When does your internship start? Term: Fall/Winter/Spring/Summer. Year: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Are you seeking a Full-time placement (18-20+ hours/week), or a Part-time placement (10-15+ hours/week)?

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 is one factor in the extension of an internship invitation. Some evening hours and one weekend day are required in order to serve our clientele. Please indicate below the days/times you are available to see clients by providing the hours you would likely be able to schedule clients and have supervision. (Note: supervision is provided typically between the hours of 10am-2pm to avoid conflict with scheduling clients.) Typical client hours are 8am-8pm with the highest demand from 3pm-8pm weekdays and 9am-5pm weekends. Availability in both office locations is required if seeing in-person clients. ATG also provides telehealth services.

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 7 to 12 clients a week throughout the entirety of the internship?  
YES/NO

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

If there is any reservation about the 12-month commitment, please explain:

**Experience:**

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 Practicum experience in your graduate program (if applicable)? If you have not had practicum or pre-internship, please describe any applicable experience in the field that you may have, including any volunteering.

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

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

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

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

Are there any accommodations or necessities we should be aware of in order to create an equitable environment if you are offered an internship position?

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.)

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:

**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 to [contact.alliant@gmail.com](mailto:contact.alliant@gmail.com), or you may mail your application materials to:

Alliant Therapy Group, PLLC

Attn: Internship Program

110 Main Street Suite 104

Edmonds, WA 98020

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