

The SKY Center
New Mexico Suicide Intervention Project
Application for Prospective Interns

Directions for Application:

All information will be treated as confidential material.

1. Please answer all questions as completely as possible.
2. Use additional pages as needed.
3. Please submit 3 letters of reference along with application.
4. Please submit a cover letter and resume.
5. Mail application to : PO Box 6004 Santa Fe, NM 87502
or deliver directly to The SKY Center, at
DeVargas Middle School: 1720 Llano St.
6. Call Apryl Miller, Executive Director, at 660-9225 or the
SKY Center at 473-6191 if you have questions.

For more information or to download this application and reference forms electronically, visit:

<http://nmsip.org>

Date of application _____

SECTION I. PERSONAL DATA

Full Name _____

Present Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-Mail Address _____

Semester you are available to begin an internship with us: Spring (January- June) _____

Fall (August- January) _____

SECTION II. ACADEMIC BACKGROUND

A. List all colleges and graduate schools attended, the dates attended, the degree(s) completed, and the major field of study at each institute.

B. Graduate Student Applicants: Please answer the following:

Indicate number of hours of study completed

(Indicate quarter or semester hours): _____

At what school: _____

For what degree: _____

When do you expect to complete the degree? _____

Major field: _____

What license are you working towards? _____

Indicate number of supervised in-session hours you have obtained to date: _____

C. Advanced Studies Applicants: Please answer the following:

(We offer a limited number of positions and hours for people who have already obtained a graduate degree in counseling, or related field, and are interested in family therapy training and collecting hours towards licensure. Please note that tuition is \$500 per semester.)

Number of post-graduate, supervised in-session hours you have obtained to date: _____

What license are you working towards? _____

When do you plan to take your licensing exam? _____

Have you already passed a licensing exam? Yes No

Circle the position for which you are applying:

Internship position (20 hours per week)

Practicum position (10 hours per week)

Advanced Studies

Other: Please explain

SECTION III. PROFESSIONAL INTERESTS, EXPERIENCES AND GOALS

In responding to section III, please type your responses on separate pieces of paper. Answer each question fully. If you are a practicum student, please read each question carefully for additional instructions. If the question reads: All Applicants, all applicants should answer the question.

A. All applicants: With reference to your proposed training at the SKY Center, please indicate why you want to train at SKY, how you heard of us, and what you wish to gain out of training with us.

B. Please indicate how many actual “in session” therapy hours you have had in the following three categories: (1) individuals, (2) couples, children, families, and (3) groups. List where you have done your traineeship(s) and internship(s), what type of setting each was (agency, private practice, etc.), the client population served, the dates you worked at each site, and who your supervisors were (or are). Please include phone numbers of all clinical supervisors, so that we may contact them. If you are applying for a practicum position, please describe any related experiences you may have had and supply two professional references.

C. Please describe each of your traineeship(s) and/or internship(s) in terms of their value or significance for you and your satisfaction or dissatisfaction with the quality of training you received. If you are applying for a practicum position, skip to the next question.

D. In terms of your therapy experience with individuals, couples, children, families, and groups: In which area(s) do you feel most capable or comfortable? In which area(s) do you feel less capable or comfortable? If you are applying for a practicum position, how do you imagine you would answer this question if you had more clinical experience?

E. What do you experience as your greatest difficulties as a therapist? (Particular issues, types of clients, types of feelings or interactions?) If you are applying for a practicum position, how do you imagine you would answer this question if you had more clinical experience?

F. All applicants: please describe your own orientation to therapy and your beliefs about what creates healing and growth for clients. Which orientation or theoretical school do you consider yourself to be a member of or most in theoretical alignment with?

G. All applicants: What is your vision of yourself as a therapist?