

APPLICATION FOR GRADUATE STUDENT INTERNSHIP PROGRAM

PAGE ONE

RTR GSIP POSITION BEGINNING ON _____ <small>(Month/Day/Year)</small>				(LAST)	Name:
1. NAME (LAST) (FIRST) (MIDDLE)	2. SOCIAL SECURITY NUMBER - -				
3. APPLYING TO PRACTICUM AND INTERNSHIP (RTR DOES NOT ACCEPT PRACTICUM ONLY STUDENTS) - STATE # OF HOURS FOR EACH TERM: TOTAL PRACTICUM HOURS TOTAL INTERNSHIP HOURS					
4. WEEKLY ON-SITE HOURS THIS TERM	5. DATE OF END OF THIS TERM DATE OF START OF INTERNSHIP TERM (IF STARTING AS PRACTICUM)				
GRADUATE EDUCATION					
6. GRADUATE SCHOOL(S) (NAME)					
(CITY) (STATE/COUNTRY)					
7. MONTH/YEAR OF START AT GRADUATE SCHOOL			8. MONTH/YEAR OF (ANTICIPATED) GRADUATION		
9. RELATED COURSEWORK COMPLETED (ADDICTIONS, DOMESTIC VIOLENCE, ASSESSMENTS, INDIVIDUAL/GROUP COUNSELING, TREATMENT/DISCHARGE PLANNING)					
10. HONORS/AWARDS					
COMMITMENT TO INTERNSHIP (RTR DOES NOT ACCEPT PRACTICUM ONLY STUDENTS)					
11. CLINICAL SUPERVISION REQUIREMENTS: #HOURS INDIVIDUAL PER WEEK - # HOURS GROUP PER WEEK					
PRACTICUM START DATE	TOTAL HOURS IN PROGRAM	HOURS PER WEEK	PROGRAM END DATE		
LOCATIONS AND HOURS AVAILABLE: Locations: 1. East Point 2. Marietta 3. Atlanta / Hours: M-F 10am - 9pm / Sat 9am-1pm					
INTERNSHIP START DATE	TOTAL HOURS IN PROGRAM	HOURS PER WEEK	PROGRAM END DATE		
LOCATIONS AND HOURS AVAILABLE: Locations: 1. East Point 2. Marietta 3. Atlanta / Hours: M-F 10am - 9pm / Sat 9am-1pm					
UNDERGRADUATE EDUCATION					
12. UNDERGRADUATE SCHOOL(S)		DATES ATTENDED		DEGREE (IF ANY)	MAJOR
		FROM (MO/YR)	TO (MO/YR)		
A. NAME					
CITY		STATE			
B. NAME					
CITY		STATE			
C. NAME					
CITY		STATE			

13. PERSONAL STATEMENT (PROFESSIONAL EXPERIENCE AND CAREER GOALS, IF BILINGUAL/BICULTURAL, IF PRIOR MH EXPERIENCE USE ADDITIONAL SHEET, IF NECESSARY) .

14.

INTERNSHIP OBLIGATIONS (WITH OTHER INSTITUTIONS, AGENCIES, ETC.)

I AM NOT REQUIRED TO FULFILL ANY OTHER OBLIGATIONS

I AM COMMITTED TO WORK AT ANOTHER AGENCY BEGINNING _____

(MO./YR.)

NUMBER OF WEEKS/ MONTHS COMMITTED

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15. NAME (LAST) (FIRST) (MIDDLE)			<div style="border: 1px dashed black; padding: 20px; width: fit-content; margin: auto;"> <p>ATTACH RECENT PHOTOGRAPH</p> </div>
16. SOCIAL SECURITY NUMBER	17- PERSONAL EMAIL ADDRESS		
18. ARE YOU COMMITTING TO PRACTICUM AND INTERNSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO			
19. PRACTICUM AND INTERNSHIP END DATE			
20. PRESENT ADDRESS (STREET)			
(CITY) (STATE) (ZIP)			
PRESENT PHONE NOS. DAY () EVENING ()			
21. LIST PRIMARY LANGUAGE / FLUENCY IN OTHER LANGUAGES OTHER:		22. VISA STATUS (IF APPLICABLE)	
23. CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/>		<input type="checkbox"/> PERMANENT <input type="checkbox"/> J-1 <input type="checkbox"/> TEMPORARY - SPECIFY: <input type="checkbox"/> H-1	
24. PERMANENT ADDRESS: C/O (NAME OF PERSON THROUGH WHOM I CAN ALWAYS BE CONTACTED) (STREET)			
(CITY) (STATE) (ZIP)			
PERMANENT PHONE NO. ()			

I AM INTERESTED IN CERTIFICATION IN OTHER RELATED BEHAVIORAL HEALTH FIELDS AT RTR

25. Certified Family Violence Intervention Facilitator Certified Addictions Counselor Other _____

I HOLD THE FOLLOWING CERTIFICATIONS/LICENSURES (include certifying/licensing body)

26. RRP Instructor DDC Instructor Play Therapist

DBT Certified Grief Specialist EMDR Certified

Gottman Certified

LIST ANY ADDITIONAL TRAININGS OR CERTIFICATIONS YOU HAVE RECEIVED IN THE PAST FIVE YEARS:

INTERVIEW SCHEDULING

27. THE FOLLOWING GENERAL TIME PERIOD IS MOST CONVENIENT FOR ME: FROM: _____ TO: _____

I AM ABLE TO SCHEDULE AN INTERVIEW ON THE FOLLOWING SPECIFIC DATE(S):

_____ (DATE) _____ (DATE) _____ (DATE) _____ (DATE)

I AM NOT ABLE TO COME FOR AN INTERVIEW

I have read and I understand the instructions for the completion of this application. I certify that the information submitted on these application materials is complete and correct to the best of my knowledge: I understand that any false or missing information may disqualify me for this position.

28. SIGNATURE OF APPLICANT: _____ DATE: _____

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I HAVE REQUESTED RECOMMENDATION LETTERS FROM THE INDIVIDUALS LISTED BELOW. Letters MUST BE send to contact@rdtorecovery.com	
29. A. NAME AND TITLE	
INSTITUTION	
ADDRESS	
B. NAME AND TITLE	
INSTITUTION	
ADDRESS	
C. NAME AND TITLE	
INSTITUTION	
ADDRESS	
D. NAME AND TITLE	
INSTITUTION	
ADDRESS	

30. (CHECK ONE) I HEREBY WAIVE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.
 I DESIRE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.

SIGNATURE

DATE

NAME OF APPLICANT - TYPE OR PRINT