

**Application for Practicum Student/Externship Programs at Mental Health Services (MHS)**

Please complete the following information and email this form, along with a current CV (including references) to [Laura.Heaphy@uvu.edu](mailto:Laura.Heaphy@uvu.edu). Any questions/concerns may be sent to the same email address.

Name:

Phone number:  Email address:

School:  Program:

Anticipated graduation:  Degree being sought:

Do you anticipate having other concurrent externships/internships while you are working at MHS?      Yes      No

Do you have previous counseling experience?      Yes      No

If 'Yes' to either of the above questions, please describe:

Supervisor's name:

Supervisor's phone:  Supervisor's email:

Number of hours requested per week:

What days of the week would you be available to work?

Desired start and end dates: \_\_\_\_\_ (start date) \_\_\_\_\_ (end date)

**Briefly explain your reasons for wanting to work at UVU's Mental Health Services:**

**Briefly explain your theoretical orientation/approach to therapy:**

*\*Please note that we cannot guarantee the number of direct client hours per week due to a lower volume of clients at certain times of the year (such as during semester breaks) and clients cancelling/no-showing for appointments. It is recommended that you factor in these circumstances as you calculate the number of hours will you need per week in order to meet your program's requirements for direct client hours).*

Thank you for your interest in our program. Please feel free to follow up if you do not hear back from our coordinator within one week.