



**Division of Behavioral Health — Externship Application  
2024-2025**

*Please type your responses in the form and submit with your application materials. Thank you.*

Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Do you identify as a member of a marginalized or underrepresented group: \_\_\_ Yes \_\_\_ No

Do you speak a language other than English? please specify: \_\_\_\_\_ \_\_\_ N/A

**CURRENT EDUCATIONAL ENROLLMENT**

University: \_\_\_\_\_

Degree Sought/Program: \_\_\_\_\_

Year in Program for 2024-2025 training year: \_\_\_\_\_

**TRAINING INTERESTS**

Type of Position Sought (please rank order all that apply in order of interest):

1 = Most Interested, 3 = Least Interested

\_\_\_\_\_ Intervention

\_\_\_\_\_ Testing

\_\_\_\_\_ Both

Specific Rotation(s) of Interest (please note all that apply in order of interest):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Time commitment (please check one):

\_\_\_\_\_ One-day placement preferred

\_\_\_\_\_ Two-day placement preferred

\_\_\_\_\_ Would consider one- or two- days

\_\_\_\_\_ Must have two-day placement

Available days (please check all that apply):

\_\_\_\_\_ Monday

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday

\_\_\_\_\_ Friday

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

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