Division of Behavioral Health - Externship Application
2020 -2021

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

Date: _______________________________

APPLICANT INFORMATION
Name: ________________________________________________________________
Email address: __________________________________________________________
Telephone number: ______________________________________________________

CURRENT EDUCATIONAL ENROLLMENT
University: ______________________________________________________________
Degree Sought/Program: ___________________________________________________
Year in Program for 2020-2021 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: _______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________