CLINICIAN APPLICATION

**Name:**

**Pronouns Used:**

**Credentials:**

**License # if applicable:**

**If licensed, have you had any complaints filed against you and if so, what was the outcome and/or do you have any complaints pending against you currently (this includes any complaints that have been dismissed)?**

**Preferred Phone Number:**

**Preferred Email Address:**

**Which of the following positions are you applying for?**

[ ] **Clinical Intern**

Educational Institution and Program: Dates of Internship:

Number of Client Hours Needed: Number of Supervision Hours Needed:

[ ] **Associate Therapist**

Number of Hours Available Per Week: Number of Desired Client Hours Per Week:

[ ] **Independently Licensed Therapist**

Number of Hours Available Per Week: Number of Desired Client Hours Per Week:

[ ] **Independently Licensed Therapist & Clinical Supervisor**

Number of Hours Available Per Week: Number of Desired Client Hours Per Week:

Preferred Schedule:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| [ ] 8:00-12:00 | [ ] 8:00-12:00 | [ ] 8:00-12:00 | [ ] 8:00-12:00 | [ ] 8:00-12:00 | [ ] 8:00-12:00 |
| [ ] 12:00-4:00 | [ ] 12:00-4:00 | [ ] 12:00-4:00 | [ ] 12:00-4:00 | [ ] 12:00-4:00 | [ ] 12:00-4:00 |
| [ ] 4:00-9:00 | [ ] 4:00-9:00 | [ ] 4:00-9:00 | [ ] 4:00-9:00 | [ ] 4:00-9:00 | [ ] 4:00-9:00 |

**Do you prefer to see clients in person, virtually, or a hybrid schedule? 90-95% of our clients come into the office.**

**Describe your clinical training and experience thus far (licensed associates, please include the number of direct client contact and clinical supervision hours acquired thus far):**

**Please list any specialized trainings/certifications that you have completed:**

**Which therapy modalities, approaches, and/or interventions do you utilize the most often?**

**Which populations/presenting concerns do you find the most enjoyable/most comfortable to work with?**

**Which populations/presenting concerns do you find the most challenging to work with? Are there any populations/presenting concerns you would not feel comfortable working with?**

**Describe your professional goals and/or where you hope to be professionally in 1 year? 3 years?**

**Describe why you are interested in a position at this practice.**

**Please list your past Clinical Supervisors (if applicable):**

**What did you appreciated about clinical supervision in the past? What do you wish would be different?**

**Please identify three words colleagues may use to describe you.**

**Please provide three professional references including phone and email addresses (references will not be contacted without notifying you beforehand):**