



The Center
FOR INDIVIDUAL AND
FAMILY COUNSELING

Complete ALL sections of this application. Incomplete applications will not be considered. FAX or EMAIL this page with attached cover letter and resume to, applications@cific1.org

Today's Date: _____

Name: _____

Phone: _____ Email: _____

Are you currently enrolled in a Master's Program? _____ If yes, where: _____

Anticipated graduation date: _____

Are you eligible for practicum based on school requirements? _____

If not eligible, give date of eligibility: _____

Are you currently an MFT Intern? _____ If yes, IMF# _____

When do you wish to start seeing clients? _____

Are you able to counsel in any foreign languages? Please list: _____

What shifts are you interested in (circle all that apply):

Mornings Afternoons Weeknights Weekends

Which supervision group(s) would you be available for on a weekly basis?

(circle all that apply)

Mon. 2-4 Wed 3-5 Thurs. 3-5 Friday 11am-1pm or 2-4pm
Sat. 9am-11 or 12pm-2 Sun. 11am-1 or 2-4pm Open to any

Law and Ethics (check one):

_____ I have completed Law and Ethics

_____ I am currently taking Law and Ethics, to be completed by: _____

_____ I plan on enrolling in Law and Ethics by: _____

Have you received any personal counseling? _____ If yes, how long? _____

What theories of counseling do you prefer?

Professional or Academic References: (Name, phone number, and relationship)

1. _____

2. _____

3. _____





Answer the following Questions:

MILITARY SERVICE

MILITARY—A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.

Explanation: _____.

CRIMINAL RECORD SUPPLEMENTAL QUESTIONNAIRE

(REV. 9/2013)

1. Have you ever been convicted by any court of a misdemeanor crime of domestic violence? YES NO

2. Have you ever been convicted by any court of a felony? YES NO

Explanations:

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – if not signed, your application may be rejected.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from volunteer employment with The Center for Individual & Family Therapy. I authorize all agencies to release any information they may have concerning the information provided on this supplemental application.

Applicant's Signature

Date Signed

Thank you for your interest in CIFIC.

You will be contacted by a CIFIC representative to invite you to an upcoming orientation session. You must attend the orientation to be considered for an interview.

