

Ascension Center for Mental Health Arlington Heights
caring for the community for over 65 years

**APPLICATION
CLINICAL TRAINING PROGRAM**

MASTERS THERAPY PRACTICUM

ANTICIPATED START (Fall 2024, Summer 2024): _____

NAME: _____

ADDRESS: _____

PHONE: (Daytime) _____

(Evening) _____

EMAIL: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL LIAISON TO FIELD SITE NAME: _____

(Please include credentials and title)

PHONE AND EXTENSION: _____

Please list prior clinical training placements: (Name of site, address, phone, and name of contact)

1. _____

2. _____

3. _____

4. _____

Please list any mental health related work experience: (Your position/duties, name of site, address, phone, name of contact)

1. _____

2. _____

3. _____

GPA: _____

Are you fluent in another language? Yes No

Please list graduate level courses completed to date:

Please check off areas of past experience and/or areas of interest:

Outpatient adult therapy (experience interest)

Child & adolescent outpatient therapy (experience interest)

- School Mental Health (experience interest)
- Psychosocial rehabilitation (experience interest)
- Transitional Living Program/Residential program (experience interest)
- Vocational & supportive employment (experience interest)
- Case management (experience interest)
- Group Therapy (experience interest)
- Partial Hospitalization Program (experience interest)

Additional Comments:

Please explain your interest in obtaining your training in community mental health:

Please include **cover letter, three letters of references and resume** to:
(email preferred)

**Ascension Center for Mental Health Arlington Heights
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Arlington Heights, IL 60004**

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