



FOR OFFICE USE ONLY

DATE OF INTERVIEW _____
_____
TIME: _____
_____

# INTERN/PRACTICUM STUDENT APPLICATION

\*Please complete the following information. All information will be treated as privileged and confidential and will not be released without your written permission or request.

## PERSONAL INFORMATION

DATE OF BIRTH: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ (for OSBI background check)

SCHOOL: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ NO. HRS. COMPLETED: \_\_\_\_\_

ARE YOU SEEKING LICENSURE?  YES  NO IF SO, TYPE OF LICENSURE: \_\_\_\_\_

## PROGRAM DIRECTOR INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## INTERNSHIP REQUIREMENTS

TOTAL NUMBER OF INTERNSHIP HOURS REQUIRED: \_\_\_\_\_ DESIRED SEMESTER(S)  FALL  SPRING

TYPE OF HOURS:  ADMIN HRS. \_\_\_\_\_  CONTACT HRS. \_\_\_\_\_

*...helping children and families in their grief journey caused by death, divorce, or other significant loss*



Calm Waters Center for Children and Families requires all interns to attend the Calm Waters Facilitator Training to facilitate support groups. Every effort will be made to place you in your choice of group, however, Calm Waters reserves the right of placement to those areas that are most in need.

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4334 NW Expressway, Ste. 101 | Oklahoma City | OK 73116 | P: 405.841.4800 | F: 405.841.4803 | [www.calmwaters.org](http://www.calmwaters.org)