

TRAINING APPLICATION

After completing and signing this Application, and the Release and Immunity Statement, submit these forms and a resume to AMCS. Upon request, please provide three letters of reference and a current transcript. Interviews will be scheduled once AMCS has received this Application, the Release and Immunity Statement and your resume.

Name: _____ Social Security #: _____

Address: _____

Home Phone: _____ Other Phones: _____

Application for: Internship Traineeship Practicum

Discipline: Marriage and Family Therapy Psychology Doctoral Program

Language Fluency if not English: _____

Is fluency sufficient to use during therapy? YES NO

College Academic History (starting with the most recent) Please do not indicate "see resume"

School (include City & State where located)	Degree/Emphasis	Graduated	Expected Graduation Date
		Yes / No	
		Yes / No	
		Yes / No	

Previous Training Sites (starting with the most recent)

Institution Name & Address	Your Position	Supervisor Name and Phone #	From	To

Previous Work History (other than training sites)

Company Name & Address	Your Position	From	To	Reason for leaving

What are your goals in training?

Signing this application indicates that all statements made on this application are accurate, as well as, indicating an understanding that all participants in the AMCS training program are expected to:

1. Maintain a consistent, weekly schedule including one weekend day (Saturday or Sunday) and one weekend evening until 9:00pm. The evening must be open for case assignment.
2. Work hours that meet the needs of AMCS.
3. Work a minimum of 16 hours per week.
4. Attend all mandatory in-service training.
5. Not change assigned schedule without pre-approval of the Clinical Director.
6. Satisfy all documentation requirements that are part of being given a position at AMCS.
7. Act in an ethical, competent and professional manner.
8. Comply with all licensing board regulations.
9. Comply with and follow all AMCS rules, policies and procedures.

I understand that I may be released before the end of the training period if statements made on this application are incorrect and/or if I am out of compliance with items 1 through 9 of this section.

I understand that it is my responsibility to meet any regulatory board documentation requirements.

Signature: _____ Date: _____

RELEASE AND IMMUNITY STATEMENT

I hereby apply to Airport Marina Counseling Service to serve in the following capacity:

- Trainee Practicum Intern Social Worker Associate Psychology Assistant
 Supervisor Clinical Staff Other _____

In making this application to Airport Marina Counseling Service, I hereby signify my willingness to appear for interviews with respect to my application and I authorize Airport Marina Counseling Service and their representatives to consult with administrators and members of professional staffs of other institutions or colleges/universities with which I have been associated, and with others, including past and present malpractice carriers who may have information bearing on my professional competence, character and ethical qualifications. I hereby release from liabilities all representatives of Airport Marina Counseling Service for their acts performed in good faith without malice in connection with evaluating my application, my credentials and qualifications and hereby release from any liability any and all individuals and organizations who provide information to Airport Marina Counseling Service or the professional staff in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges and hereby consent to the release of such information.

I understand and agree that I, as an applicant for Airport Marina Counseling Service, have the burden of producing adequate information for the proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

I fully understand that any significant misstatements in, or omissions from, the application constitute cause for denial of appointment or cause for summary dismissal from the clinical training program or clinical position. All information submitted by me in this application is true to the best of my knowledge and belief.

Applicant
Signature _____

Date _____