



**Internship / Practicum Interest**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Attending: \_\_\_\_\_

Semester Seeking:     Spring     Summer     Fall

Will this be for:     Internship     Practicum

Discipline:     PMHNP     APRN     NP  
                   Social Work     Counseling     Marriage & Family  
                   Addiction / Substance Abuse     Other: \_\_\_\_\_

Expected Start Date: \_\_\_\_\_ Expected End Date: \_\_\_\_\_

Hours Requesting: \_\_\_\_\_

Malpractice Insurance Provider: \_\_\_\_\_

Malpractice Insurance Policy #: \_\_\_\_\_

Malpractice Insurance Policy Period:    From: \_\_\_\_\_ To: \_\_\_\_\_