**Instructions**: Complete the following application for consideration for training at CCSD. Email the application and your CV to Hillary Liles, lileshi@ecu.edu

**Name**: Click or tap here to enter text.

**Phone Number**: Click or tap here to enter text.

**Email Address**: Click or tap here to enter text.

**ECU Graduate Program**: Click or tap here to enter text.

**Year in Program**: Click or tap here to enter text.

**Program Contact who oversees clinical placement** (name & email): Click or tap here to enter text.

**Faculty contact familiar with your clinical work** (name & email): Click or tap here to enter text.

**Have you ever been convicted of a felony – If yes, please explain** (please note all trainees must complete an updated background check prior to the start of their placement): Click or tap here to enter text.

**I am applying for the following placement**:

[ ]  General Mental Health

[ ]  Alcohol & Other Drug

[ ]  Non-clinical internship

**I am applying for**:

[ ]  Fall practicum (Alcohol & Other Drug; 8-10hr/week)

[ ]  Year Long (fall & spring; 10-20 hr/week)

**The number of required hours for program coursework**: Click or tap here to enter text.

**Desired hours on site per week**: Click or tap here to enter text.

*\*Please note that we cannot guarantee the number of desired hours per week listed above. Hours on site will be communicated to you in the offer letter following the application/interview process.*

**Friday morning training seminars for didactic training are required for trainees**.

Practicum students are required to attend the didactic seminars (happen roughly every other week) and year-long trainees are required to attend all weekly seminars (didactic & case conference). Friday seminar is held from 9-10:30 am.

**Are you able to attend during this time?** [ ] Yes [ ] No

**Please provide your best estimation of your availability for the fall semester between 8am-5pm.** We do ask for flexibility in scheduling and cannot guarantee your exact times will be able to be accommodated.

Monday: Click or tap here to enter text.

Tuesday: Click or tap here to enter text.

Wednesday: Click or tap here to enter text.

Thursday: Click or tap here to enter text.

Friday: Click or tap here to enter text.

What interests you in training at CCSD? And what do you hope to gain from your experience?

Click or tap here to enter text.

What are your career goals?

Click or tap here to enter text.

What previous work or training experiences do you have in the mental health field? Please include any licenses or certifications your currently hold.

Click or tap here to enter text.

**Please read the following statements and initial in the space provided indicating your understanding of & agreement of each.**

Initial I understand that if my application for training at CCSD is considered there will be an in-person interview.

Initial I understand that the CCSD Training Director and/or Assistant Training Director may contact my program faculty for consultation regarding my application.

Initial I understand that if selected for a training placement at CCSD, I will be required to provide a criminal background check.

Initial I understand that if selected for a training placement at CCSD (clinical or non-clinical), I will be required to attend a 2-day orientation (typically held the Thursday & Friday before classes start in August).

**I submit my application for consideration for training at CCSD**

*Click to enter Electronic Signature*

Date: Click or tap here to enter text.