

**Holcomb Behavioral Health Systems
Externship - Psychotherapy Application**

Applicant Name: _____ **Date:** _____
Address: _____ **Day Phone:** _____
_____ **Night Phone:** _____
Email: _____

College/University: _____

Degree Level Sought: Masters Doctorate

Discipline: Psychology Social Work MFT Nursing Other: _____

Sub-discipline: Clinical Counseling School Other, _____

Highest Degree to date: _____ **Graduate hours completed to date:** _____

Field Placement Advisor: _____

Advisor Phone: _____ **Advisor Email:** _____

Planned Semesters: Fall Spring Summer 20____ through
 Fall Spring Summer 20____

Outpatient Mental Health Treatment Sites:

Exton: 467 Creamery Way, Main: (610) 363-1488
Exton, PA 19341 Fax: (610) 363-8273

Upper Darby: 225 S. 69th St. Main: (610) 352-8843
Upper Darby, PA 19082 Fax: (610) 352-8880

Kennett Square: 920 E. Baltimore Pike, Main: (610) 388-7400
Kennett Square, PA 19348 Fax: (610) 388-7407

Allentown: 1405 N. Cedar Crest Blvd, Main: (610) 435-4151
Allentown PA 18104 Fax: (610) 435-3044

Kennett Square D&A: 920 E. Baltimore Pike, Main: (610) 388-9225
Kennett Square, PA 19348 Fax: (610) 388-9224

Anticipated Days and Times on site: (at least for 1st semester, check all that may apply)

Mon Tue Wed Thurs Fri Sat (under rare circumstances)
 Mornings Afternoons Evenings

Specific supervisor requirements: Any licensed professional Other: _____

Preferred Clinical Population: (check all that apply)

<input type="checkbox"/> Mood Disorders	<input type="checkbox"/> Anxiety Disorders	<input type="checkbox"/> Thought Disorders
<input type="checkbox"/> Defiant Disorders	<input type="checkbox"/> Attentional Disorders	<input type="checkbox"/> Personality Disorders
<input type="checkbox"/> Adults	<input type="checkbox"/> Adolescents (10-17yrs)	<input type="checkbox"/> Children (under 10)
<input type="checkbox"/> Geriatric	<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Co-Occurring Disorders
<input type="checkbox"/> Other: _____		

Please describe your experience providing counseling/therapy (if applicable), either formal or informal: _____

What are your goals for the extern/practicum year (other than gaining general experience in providing counseling/therapy)?: _____

What strengths would you bring to Holcomb and its clients?: _____

Other information that you consider relevant to your extern/practicum application: _____

- **Applications may not be accepted when submitted less than 2 months prior to start date.**
- **Holcomb is only able to accept graduate externs who are able to commit to at least two consecutive semesters, including a significant portion of any inter-semester breaks.**
- **A minimum of 16 hours per week required.**
- **A minimum of one hour of individual supervision is required.**
- **Additional didactic and/or experiential training may be required.**
- **Holcomb does not accept applications from student enrolled in online programs (i.e., the majority of time in program must be at a bricks-and-mortar school).**

I hereby submit my application to Holcomb for consideration for the designated starting semester. I understand that I will be contacted for follow-up discussion of my field placement needs and to set up an interview if I remain interested. I understand that interviews are conducted on a first-come, first-served basis and offers to externship slots are filled as long as positions remain open. Number of placements can vary per site, based on client availability, supervisory availability and physical space.

Signature: _____ Date: _____

Please return completed application to program coordinator at site(s) of interest.

Date Received: _____ Applicant Contacted: _____
Interview Date: _____ Interview Outcome: _____