

Division of Behavioral Health Externship Application
2025 2026

Please type your responses in the form and submit with your application materials. Thank you!

Date: _____

APPLICANT INFORMATION

Name: _____

Email address: _____

Telephone number: _____

Do you identify as a member of a marginalized or underrepresented group: ___ Yes ___ No

Do you speak a language other than English? please specify: _____ ___ N/A

CURRENT EDUCATIONAL ENROLLMENT

University: _____

Degree Sought/Program: _____

Year in Program for 2025-2026 training year: _____

TRAINING INTERESTS

Type of Position Sought (please rank order all that apply in order of interest):

1 = Most Interested, 3 = Least Interested

_____ Intervention

_____ Testing

_____ Both

Specific Rotation(s) of Interest (please note all that apply in order of interest):

1. _____

2. _____

3. _____

4. _____

5. _____

Time commitment (please check one):

_____ One-day placement preferred

_____ Two-day placement preferred

_____ Would consider one- or two- days

_____ Must have two-day placement

Available days (please check all that apply):

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

Additional Notes: _____
